

<i>SERFF Tracking Number:</i>	<i>CAIC-126222317</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental American Insurance Company</i>	<i>State Tracking Number:</i>	<i>42896</i>
<i>Company Tracking Number:</i>	<i>7365</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>AR AAOPD HI Plus filing</i>		
<i>Project Name/Number:</i>	<i>AR AAOPD HI Plus filing/7365</i>		

Filing at a Glance

Company: Continental American Insurance Company

Product Name: AR AAOPD HI Plus filing	SERFF Tr Num: CAIC-126222317	State: Arkansas
TOI: H14G Group Health - Hospital Indemnity	SERFF Status: Closed-Withdrawn	State Tr Num: 42896
Sub-TOI: H14G.000 Health - Hospital Indemnity Co	Tr Num: 7365	State Status: Withdrawn
Filing Type: Form		Reviewer(s): Rosalind Minor
	Authors: Betty Rakes, Lindsay Morden	Disposition Date: 10/02/2009
	Date Submitted: 07/09/2009	Disposition Status: Withdrawn
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: AR AAOPD HI Plus filing	Status of Filing in Domicile: Authorized
Project Number: 7365	Date Approved in Domicile: 12/18/2006
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Association
Filing Status Changed: 10/02/2009	Explanation for Other Group Market Type:
	State Status Changed: 10/02/2009
Deemer Date:	Created By: Lindsay Morden
Submitted By: Lindsay Morden	Corresponding Filing Tracking Number: 7365
Filing Description:	
July 9, 2009	

Ms. Rosalind Minor
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Re: CONTINENTAL AMERICAN INSURANCE COMPANY NAIC 71730
American Association of Professional Drivers

SERFF Tracking Number: CAIC-126222317 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 42896
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Enclosed: Bylaws and Articles of Incorporation and approved IL forms

Dear Ms. Minor,

We have a sales opportunity through an association called American Association of Professional Drivers domiciled out of Illinois. We are submitting the bylaws, articles of incorporation, and approved Illinois forms approved by the IL department of insurance on December 18, 2006. We have researched this association and found it to be a valid, non-profit organization that is currently in good standing in Illinois.

Thank you for your consideration in this matter. If you have any questions please call Lindsay Morden at (888) 730-2244 extension 4335 or at companycompliance@caicworksite.com.

Sincerely,

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance
/lwm

Company and Contact

Filing Contact Information

Lindsay Morden, lmorden@caicworksite.com
2801 Devine Street 803-461-4335 [Phone]
Columbia, SC 29205

Filing Company Information

Continental American Insurance Company	CoCode: 71730	State of Domicile: South Carolina
2801 Devine Street	Group Code:	Company Type: LAH
Columbia, SC 29205	Group Name: Continental Amer Ins	State ID Number:
	Co	
(803) 256-6265 ext. [Phone]	FEIN Number: 57-0514130	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental American Insurance Company	\$50.00	07/09/2009	29089170

SERFF Tracking Number:	CAIC-126222317	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Rosalind Minor	10/02/2009	10/02/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Rosalind Minor	07/13/2009	07/13/2009	Lindsay Morden	10/02/2009	10/02/2009
Industry						
Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection letter of 7/12/09	Note To Filer	Rosalind Minor	09/30/2009	09/30/2009

<i>SERFF Tracking Number:</i>	<i>CAIC-126222317</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 10/02/2009

Implementation Date:

Status: Withdrawn

Comment:

As requested in your response of 10/2/09, this submission is being withdrawn.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Withdrawn	Yes
Supporting Document	Application	Withdrawn	Yes
Supporting Document	Submission Letter	Withdrawn	Yes
Supporting Document	By laws	Withdrawn	Yes
Supporting Document	articles of incorporation	Withdrawn	Yes
Supporting Document	AR Checklist	Withdrawn	Yes
Form	master policy	Withdrawn	Yes
Form	certificate	Withdrawn	Yes
Form	dependent child rider	Withdrawn	Yes
Form	dependent spouse rider	Withdrawn	Yes
Form	master application	Withdrawn	Yes
Form	enrollment application	Withdrawn	Yes
Form	critical illness rider	Withdrawn	Yes

SERFF Tracking Number: CAIC-126222317 *State:* Arkansas
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Product Name: AR AAOPD HI Plus filing
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/13/2009
Submitted Date 07/13/2009
Respond By Date

Dear Lindsay Morden,

This will acknowledge receipt of the captioned filing.

Objection 1

- AR Checklist (Supporting Document)

Comment:

There are no brochures attached. Please attach brochures for our review.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/02/2009
Submitted Date 10/02/2009

Dear Rosalind Minor,

Comments:

Response 1

Comments: I have not been able to get this information from the association at this time. Therefore, I would like to withdrawl the filing. I will re-file at a later date.

Thank you

Related Objection 1

Applies To:

- AR Checklist (Supporting Document)

Comment:

There are no brochures attached. Please attach brochures for our review.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Betty Rakes, Lindsay Morden

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Note To Filer

Created By:

Rosalind Minor on 09/30/2009 01:48 PM

Last Edited By:

Rosalind Minor

Submitted On:

10/02/2009 02:18 PM

Subject:

Objection letter of 7/12/09

Comments:

As of this date, I have not received a response to my Objection Letter of 7/12/09. If a response is not received by 10/7/09, the submission will be disapproved.

SERFF Tracking Number: CAIC-126222317 State: Arkansas

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Form Schedule

Lead Form Number: CA6500-MP IL

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Withdrawn 10/02/2009	CA6500-MP IL	Policy/Cont	master policy ract/Fratern al Certificate	Initial			1HI PLUS Master Policy 6500 IL.pdf
Withdrawn 10/02/2009	CA6500-CI IL	Certificate	certificate	Initial			2 HI Plus Certificate_65 00 IL.pdf
Withdrawn 10/02/2009	CA6500-DCR IL	Policy/Cont	dependent child rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			3 HI Plus Depenent Rider 6500 IL.pdf
Withdrawn 10/02/2009	CA6500-DSR IL	Policy/Cont	dependent spouse ract/Fratern rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			4 HI Plus Spouse Rider 6500 IL.pdf
Withdrawn 10/02/2009	HIP – 6500 MA	Application/	master application Enrollment Form	Initial			HI Plus_Master App - 6500.pdf
Withdrawn 10/02/2009	HIP – 6500 EA	Application/	enrollment Enrollment application	Initial			HI Plus App.pdf

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	Form		
Withdrawn	CIR06-REV Policy/Cont critical illness rider	Initial	5 CI Rider-
10/02/2009	ract/Fratern		2.pdf
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	Amendmen		
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	Endorseme		
	nt or Rider		



2801 Devine Street, Columbia, South Carolina 29205
(800)433-3036

(herein called Continental American)

Based on the Application for this Group Supplemental Hospital Indemnity Insurance Policy (herein called the Plan) made by

American Association of Professional Drivers

(herein called the Policyholder)

and based on the payment of the premium when due, Continental American agrees to pay the benefits provided on the following pages.

This Plan becomes effective at 12:01 a.m. Standard Time at the Policyholder's address on the Effective Date shown below. It may be continued in effect by the payment of premiums as provided in Section II. The Plan will terminate as provided in the provision titled "Termination of the Plan" in Section I.

The first anniversary of this Plan will be the Anniversary Date shown below. Subsequent anniversaries of the Plan will be the same date each year thereafter.

All matter printed or written by Continental American on the following pages form a part of this Plan as if recited over the signature below. This Plan is a legal contract between Continental American and the Policyholder.

**THIS PLAN IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE;
IT IS DESIGNED TO SUPPLEMENT A MAJOR MEDICAL PROGRAM.**

This Plan is delivered in and is governed by the laws of the jurisdiction shown below.

In witness whereof Continental American has caused this Plan to be executed at its Home Office in Columbia, South Carolina, on the Effective Date.

READ YOUR POLICY CAREFULLY.

Signed for the Company at its Home Office.

A handwritten signature in cursive script, reading "Eugene C. Smith".

President

Group Policy Number -
Effective Date -
Anniversary Date -
Jurisdiction -
Non-Participating

GROUP POLICY PROVISIONS

SECTION I	-	Eligibility, Effective Date and Termination
SECTION II	-	Premium Provisions
SECTION III	-	Definitions
SECTION IV	-	Benefit Provisions
SECTION V	-	Limitations and Exclusions
SECTION VI	-	Claim Provisions
SECTION VII	-	General Provisions
SECTION VIII	-	Benefit Schedule
SECTION IX	-	Schedule of Operations
SECTION X	-	Incorporation of Rider Provisions
SECTION XI	-	Schedule of Premiums

SECTION I ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

ELIGIBILITY

member as used in this Plan, means a person insured under this Plan who is:

1. a member of the Policyholder, and has served 90 days continuous employment;
2. under age 64; and
3. engaged in full-time work; and
4. included in the class of members eligible for coverage as shown on the Application.

EFFECTIVE DATE

The Effective Date of this Plan is shown on Page 1.

The Effective Date for a member is as follows:

1. A member's insurance will be effective on the date shown on his or her Certificate Schedule provided the member is then actively at work.
2. If a member is not actively at work on the date coverage would otherwise become effective, the Effective Date of his coverage will be the date on which such member is first thereafter actively at work.

TERMINATION OF THE PLAN

The Plan will cease if the Policyholder fails to pay the premium before the end of the Grace Period.

After the end of the first Plan year, Continental American has the right to cancel the Plan on the day prior to the date any premium is due by giving 31 days written notice.

The Plan will terminate when the number of participating members is less than the number mutually agreed upon by the Policyholder and Continental American in writing.

In these events, this Plan and all Certificates issued hereunder will terminate on such date at 12:01 a.m. Standard Time at the Policyholder's address. This will be without prejudice to the rights of any member as respects any claim arising during the period the Plan is in force.

The Policyholder has the sole responsibility to notify members of such termination.

TERMINATION OF A MEMBER'S INSURANCE

A member's insurance will terminate on the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date a member ceases to meet the definition of a member as defined in the Plan;
4. on the premium due date which falls on or first follows the member's 70th birthday; or
5. on the date he is no longer a member of an eligible class.

Termination of the insurance on any member shall be without prejudice to his rights as regarding any claim arising prior thereto.

SECTION II

PREMIUM PROVISIONS

PREMIUM CALCULATIONS

Premiums payable on any premium due date for insurance will be calculated in accordance with the Schedule of Premiums. The rates shown in this schedule can be changed annually. Continental American will give the Policyholder written notice 31 days prior to the date any change in rates is to be effective.

PREMIUM PAYMENTS

The first premiums are due on the Effective Date of this Plan. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for this Plan are to be paid by the Policyholder to Continental American at our Home Office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

GRACE PERIOD

This Plan has a 31-day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given Continental American written notice of discontinuance of the Plan.

SECTION III

DEFINITIONS

Whenever a male pronoun is used, it includes the female unless the context clearly shows otherwise.

When the terms below are used in this Plan, the following definitions will apply:

We, Us, Our - means Continental American.

You and Your - refer to a member as defined in this Plan.

Injury or Injuries - means accidental bodily injury or injuries caused solely by or as the result of a covered accident.

Covered Accident - means an accident, which occurs on or after your Effective Date, while your Certificate is in force, and which is not specifically excluded.

Sickness - means an illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury.

Covered Sickness - means an illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any injury which:

1. occurs while this Plan is in force; and
2. was not treated or for which an Insured did not receive advice within 12 months before his Effective Date; and
3. is not excluded by name or specific description in this Plan.

Calendar Year – means the period beginning on the Plan Effective Date and ending on December 31 of the

same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

On-The-Job Benefits - means the benefits we will pay if a covered accident occurs while you are working at any job for pay or benefits. These benefits are shown in the Benefit Schedule under On-The-Job.

Off-The-Job Benefits - means the benefits we will pay if a covered accident occurs while you are not working at any job for pay or benefits. These benefits are shown in the Benefit Schedule under Off-The-Job.

Monthly Benefit - means a specified amount paid for a period of one month, with any periods of less than one month paid at the daily rate of 1/30th of the monthly amount.

Doctor or Physician - means a person, other than yourself, or a member of your immediate family, who:

1. is licensed by the state to practice a healing art;
2. performs services which are allowed by his license; and
3. performs services for which benefits are provided by this Plan.

Family Member means a spouse, son, daughter, mother, father, sister, or brother.

Hospital - means a place which:

1. is legally licensed and operated as a hospital;
2. provides overnight care of injured and sick people;
3. is supervised by a doctor;
4. has full-time nurses supervised by a registered nurse;
5. has on-site or pre-arranged use of X-ray equipment, laboratory and surgical facilities; and
6. maintains permanent medical history records.

A hospital is not:

1. a nursing home;
2. an extended care facility;
3. a convalescent home;
4. a rest home or a home for the aged;
5. a place for alcoholics or drug addicts; or
6. a mental institution.

Hospital Intensive Care Unit - means a place which:

1. is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
3. is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
4. is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a twenty four hour basis; and
5. has a doctor assigned to the intensive care unit on a full-time basis.

A Hospital Intensive Care Unit is not any of the following step down units:

1. a progressive care unit;
2. a sub-acute intensive care unit;
3. an intermediate care unit;
4. a private monitored room;
5. an observation unit; or
6. any facility not meeting the definition of a hospital intensive care unit as defined in this Plan.

Your Occupation - means the occupation in which you are regularly engaged at the time you become insured.

Actively at Work - to be considered actively at work, you must perform for a full normal workday the regular duties of your employment at your regular place of employment or at a location to which you may be required to travel to perform the regular duties of your employment.

Full-time Work - means spending at least **20 hours** per week performing your occupational duties.

Elimination Period - means the number of days of hospital confinement that must elapse before benefits become payable. The number of days is shown in the Benefit Schedule. Benefits are not payable, nor do they accrue, during an Elimination Period.

Treatment - means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

SECTION IV

BENEFIT PROVISIONS

The benefit amounts payable are shown in the Benefit Schedule. Coverage terminates on the premium due date which falls on or first follows your 70th birthday; at that time all benefits cease regardless of the maximum benefit.

Hospital Admission - We will pay this benefit when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be admitted to a hospital within 6 months of the date of the covered accident.

We will pay the Hospital Admission benefit amount shown in the Benefit Schedule. We will not pay benefits for confinement to an observation unit, a recovery room, or for emergency room treatment or outpatient treatment.

We will pay this benefit once for a period of confinement. We will only pay this benefit once for each covered accident or covered sickness. If we pay benefits for hospital confinement and the insured becomes confined to a hospital again within 6 months because of the same or related condition, we will treat this confinement as the same confinement.

Hospital Intensive Care - If you are confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness, we will pay the daily benefit amount shown on the Benefit Schedule. In order to receive this benefit for a covered accident, you must be admitted to a hospital intensive care unit within 6 months of the date of the covered accident.

We will pay this amount for each day of such confinement, but not to exceed the maximum benefit period shown on the Benefit Schedule during any one period of confinement.

We will pay benefits for only one confinement in a hospital's intensive care unit at a time, even if it is caused by more than one covered accident, more than one covered sickness or a covered accident and a covered sickness.

If we pay benefits for confinement in a hospital's intensive care unit and you become confined to a hospital's intensive care unit again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.

Surgical Benefit - If surgery, due to an injury received in a covered accident or because of a covered sickness, is performed by a physician we will pay the amount for the Surgical Operation shown opposite the procedure listed in the Schedule of Operations up to the maximum shown on the Benefit Schedule per surgical procedure. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an Ambulatory Surgical Center, or in a Physician's office.

If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations which is most nearly similar in severity and complexity.

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided.

Outpatient Surgery Facility Fees - If you are receiving surgery benefits under the Certificate due to an injury in a covered accident or have treatment as the result of a covered sickness, we will pay the benefit as shown in the Benefit Schedule for Outpatient Facility Fees.

We will pay an indemnity benefit, as shown in the Schedule, for each covered Outpatient Surgery performed in an outpatient facility. This benefit is paid in addition to any surgery benefits payable under the policy.

Anesthesia Benefits - When a surgical procedure is performed that is covered under the Surgical Benefit, we will pay 25% of the amount shown in the Schedule of Operations for anesthesia administered by a physician in connection with such procedure.

Hospital Emergency Room/Physician Benefit – If you have treatment as the result of a covered sickness, We will pay the benefit as shown in the Benefit Schedule for Physician's charges, Laboratory fees, X-rays and Injections/Medications while in the hospital. This benefit is subject to the calendar year maximum shown in the Benefit Schedule.

Outpatient Diagnostic Lab Visits - We will pay the amount shown for tests performed in an Outpatient Lab because of a covered sickness or injuries received in a covered accident:

We will pay benefits for no more than the amount shown per calendar year for each covered person due to outpatient diagnostic lab procedures. This benefit is no paid in addition to the wellness benefit.

Wellness Benefit - We will pay the amount shown on the Benefit Schedule page per calendar year when you visit a doctor and you are neither injured nor sick.

SECTION V

LIMITATIONS AND EXCLUSIONS

[PRE-EXISTING CONDITION - Pre-existing Condition means within the 12-month period prior to an Insured's Effective Date those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury resulting from a pre-existing condition for 12 months after an Insured's Effective Date, or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

A claim for benefits for loss starting after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy is a "pre-existing condition" if conception was before an Insured's Effective Date.

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

This certificate may have been issued as a replacement for a certificate previously issued to you under the Plan. If so, then the pre-existing condition limitation provision of this certificate applies only to any increase in benefits over the prior certificate. Any remaining period of pre-existing condition limitation of the prior certificate would continue to apply to the prior level of benefits.

Pregnancy will not be covered if conception was before an Insured's Effective Date. Pregnancy will be covered as any other sickness when the date of conception is after an Insured's Effective Date of coverage.]

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss resulting from:

1. Service in the military, naval or air service of any country, or international organization.
2. **Suicide** - committing or attempting to commit suicide, while sane or insane.
3. **Self-inflicted Injuries** - injuring or attempting to injure yourself intentionally.
4. **Traveling** – while traveling outside the United States, Canada, Mexico, or any United States possessions, except for a Medical Emergency or a covered Accidental Death or Accidental Dismemberment.
5. **Intoxication** - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a Physician. Intoxication will be defined and determined by the laws of the state where the loss or cause of the loss was incurred.
6. **Illegal Acts** - participating or attempting to participate in an illegal activity, or working at an illegal job.

SECTION VI

CLAIM PROVISIONS

Notice of Claim - Written notice of claim must be given within 60 days after the covered accident or covered sickness, or as soon as reasonably possible. The notice must be sent to us at our Home Office in Columbia,

South Carolina. The notice should include the name of the Insured and the Certificate number.

Claim Forms - When we receive notice of a claim, we will send you the forms for filing proof of loss. If these forms are not sent to you within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated on the Proof of Loss Section.

Proof of Loss - You must give us written proof within 90 days after the loss for which you are seeking benefits. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the covered accident or sickness unless you were legally incapacitated during that time.

Time Of Payment Of Claims - After we receive written proof of loss and process your claim, we will pay monthly all benefits then due for the claims providing a periodic payment. Benefits for any other loss covered by this Plan will be paid as soon as we receive proper written proof. Claims paid 30th days after we receive due written proof of loss will accrue interest at 9% per annum from the 30th day.

Payment Of Claims - Benefits will be paid to you. All of the benefits due will be paid to you unless you assign them elsewhere. Any benefits unpaid at the time of your death will be paid in the following order:

1. to any approved assignee;
2. your beneficiary;
3. your surviving spouse;
4. your estate.

Changing Your Beneficiary - You can ask us to change your beneficiary at any time. The request must be in writing and the change must be approved by us. If approved, it will go into effect the day you sign the request. The change will not have any bearing on payments made before we approved the request.

Unpaid Premium - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

Physical Examination And Autopsy - At our expense, we can require you to have a physical examination as often as reasonably necessary while a claim is pending, or an autopsy in the case of death, where allowed by law. This will be done at our expense.

Legal Action - You cannot take legal action against us for benefits under this Plan:

1. within 60 days after you have sent us written proof of loss; or
2. more than 3 years from the time written proof is required to be given.

SECTION VII

GENERAL PROVISIONS

Entire Contract - The entire contract consists of:

1. the Plan;
2. the Application of the Policyholder; and
3. your Application(s).

All statements made in such Application(s) shall, in the absence of fraud, be deemed representations and not

warranties. No statement will be used in defense of a claim under this Plan unless:

1. the statement is in writing signed by the Policyholder or by you; and
2. a copy of that statement is given to the Policyholder or to you or to your beneficiary.

Contract Changes - No change in this Plan is valid unless approved by our Home Office and unless such approval is endorsed by an officer and attached to this Plan. No agent has the authority to change this Plan or to waive any of its provisions.

Misstatements of Age - If you incorrectly stated your age or the ages of your dependents, if any, in the Application, the benefits will be such as the premium paid would have purchased at the correct age. If, based on the correct ages, we would not have issued your Certificate or insured certain dependents under this Certificate, then our responsibility will be to refund the excess premium paid, if any.

Time Limit On Certain Defenses - After this Plan has been in force for two years as respects a member, only fraudulent misstatements in the Application of that member may be used to void his coverage or to deny any claim for loss incurred or disability that starts after the two year period.

Clerical Error - Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

Individual Certificate - Continental American will give the Policyholder a Certificate for each member. The Certificate will set forth:

1. the coverage;
2. to whom benefits will be paid; and
3. the rights and privileges under the Plan.

Data Required - The Policyholder will furnish all information and proofs which Continental American may reasonably require with regard to the Plan.

Conformity With State Statutes - Any provision of this Plan which, on the Effective Date, is in conflict with the laws of the state in which the Plan was issued, will be amended to conform to the minimum requirements of those laws.

SECTION VIII

BENEFIT SCHEDULE

Physicians Office Visit/Hospital Emergency Room Visit	\$50 (max 6 visits per year)	\$50 (max 6 visits per year)	\$75 (max 6 visits per year)	\$75 (max 6 visits per year)	\$100 (max 6 visits per year)
Hospital Admission (per admission)	\$250	\$500	\$750	\$1,000	\$1,500
Hospital Intensive Care (per day-max 30 days)	\$250	\$500	\$750	\$1,000	\$1,500
Surgical Benefit (per procedure)	\$0	Up to \$2,000	Up to \$2,000	Up to \$2,000	Up to \$5,000
Anesthesia (25% of Surgical Benefit)	\$0	Up to \$500	Up to \$500	Up to \$500	Up to \$1,250
Wellness Benefits (per calendar year)	\$150	\$150	\$150	\$225	\$75
Outpatient Diagnostic Lab (per test-max 6 test per calendar year)	\$0	\$50	\$100	\$125	\$125
Outpatient Surgery Facility Fee (per surgery)	\$0	\$100	\$150	\$250	\$250
Well Baby (per visit max 4 visits per calendar year)	\$50	\$60	\$70	\$80	\$60

SECTION IX

SCHEDULE OF OPERATIONS

Plans 2, 3 and 4

INTEGUMENTARY SYSTEM	Maximum		Maximum
	Surgical		Surgical
	Benefit		Benefit
SKIN		JOINTS	
Incision and Drainage of Cyst	\$ 20.00	Shoulder or Elbow Arthrotomy	\$ 500.00
Acne Surgery	\$ 15.00	Arthroplasty	\$ 800.00
Biopsy	\$ 30.00	Wrist Arthrotomy	\$ 400.00
Excision of Benign Tumor	\$ 40.00	Arthroplasty	\$ 800.00
Excision of Malignant Tumor	\$ -	Hip Arthrotomy	\$ 700.00
(Trunk, Arms or Legs)	\$ 60.00	Arthroplasty	\$ 1,000.00
Excision of Malignant Tumor	\$ -	Knee Arthrotomy	\$ 500.00
(Face, Scalp, Ears, Neck, Hands	\$ -	Arthroplasty	\$ 1,000.00
Feet, Genitalia)	\$ 100.00	Ankle Arthrotomy	\$ 500.00
Excision of Malignant Tumor	\$ -	Arthroplasty	\$ 750.00
(Eyelids, Nose, Lips, Mucous	\$ -	Hammertoe	\$ 200.00
Membrane)	\$ 150.00		\$ -
Excision of Nail	\$ 100.00	DISLOCATIONS	\$ -
Repair – Simple Wounds	\$ 20.00	Jaw	\$ 50.00
Repair – Complex Wounds (Linear Repair)	\$ 70.00	Collar Bone (requiring reduction)	\$ 100.00
Repair – Skin Grafts (Single Stage)	\$ 50.00	Shoulder (humerus with anesthesia)	\$ -
Repair – Skin Grafts (Multiple Stage)	\$ 150.00	Or Elbow	\$ 50.00
Electro – surgical destruction of	\$ -	Wrist	\$ 50.00
Chemocautery	\$ 20.00	Fingers or Toes	\$ 20.00
Chemosurgery – malignancies of skin	\$ 200.00	Hip or Knee	\$ 200.00
	\$ -	Ankle	\$ 100.00
BREAST	\$ -		\$ -
Biopsy	\$ 150.00	TENDONS	\$ -
Excision of Cyst or Benign Tumor	\$ 150.00	Repair or Suture	\$ 120.00
Excision of Chest Wall Tumor	\$ 700.00	Lengthening or Shortening	\$ -
Mastectomy, simple	\$ 300.00	(e.g. Achilles tendon)	\$ 300.00
Mastectomy, radical	\$ 700.00		\$ -
Mammoplasty, Reconstructive	\$ 1,500.00	AMPUTATIONS	\$ -
	\$ -	Arm at Shoulder Joint	\$ 750.00
MUSCULOSKELETAL SYSTEM	\$ -	Arm below Shoulder Joint	\$ 350.00
	\$ -	Finger	\$ 150.00
BONE OR CARTILAGE GRAFT	\$ -	Leg at Hip Joint	\$ 800.00
Spinal Fusion	\$ 800.00	Leg at Knee	\$ 400.00
Spinal Fusion with removal of	\$ -	Leg above or below knee	\$ 500.00
Intervertebral disc	\$ 800.00	Toe	\$ 100.00
Spinal Fusion of Scoliosis	\$ 1,200.00		\$ -
	\$ -	RESPIRATORY SYSTEM	\$ -
FRACTURES (Requiring Reduction)	\$ -		\$ -
Skull	\$ 750.00	NOSE	\$ -
Nose	\$ 50.00	Excision of Nasal Polyps	\$ 30.00
Jaw	\$ 300.00	Submucous resection, Classic Nasal Sept	\$ 300.00
Vertebrae, one or more	\$ 300.00		\$ -
Collar Bone	\$ 150.00	SINUSES	\$ -

Shoulder blade (Scapula)	\$ 550.00	Frontal Sinusotomy – simple	\$ 200.00
Upper Arm	\$ 250.00	Frontal Sinusotomy – radical	\$ 600.00
	\$ -		\$ -
Lower Arm	\$ 150.00	LARYNX	\$ -
Hand	\$ 100.00	Laryngectomy	\$ 1,000.00
Fingers or Toes	\$ 50.00	Laryngoscopy	\$ 40.00
Upper Leg	\$ 400.00		\$ -
Lower Leg	\$ 150.00		
Ankle	\$ 250.00		
Foot	\$ 100.00		
	\$ -		
	\$ -		
LUNGS	\$ -	TRACHEA AND BRONCHI	\$ -
Thoracotomy	\$ 500.00	Tracheotomy	\$ 200.00
Pneumonotomy	\$ 600.00	Bronchoscopy	\$ 150.00
Pneumonocentesis	\$ 50.00	Closure of Tracheotomy	\$ 250.00
Thoracentesis	\$ 30.00		\$ -
Pneumonectomy, total	\$ 1,000.00		\$ -
Wedge Resection of Lung,	\$ -	Fistulotomy	\$ 100.00
Single or Multiple	\$ 800.00	Sphincterotomy	\$ 50.00
Thoracoscopy (including biopsy)	\$ 200.00	Fissurectomy or Hemorrhoidectomy	\$ 200.00
	\$ -	Removal of External Hemorrhoids	\$ 30.00
CARDIOVASCULAR SYSTEM	\$ -	Aspiration biopsy of liver, pancreas	\$ -
	\$ -	Or bile duct	\$ 50.00
HEART	\$ -	Cholecystotomy	\$ 500.00
Heart Transplant	\$ 2,000.00	Cholecystectomy	\$ 600.00
Catheterization of Heart	\$ 150.00	Pancreatectomy – partial	\$ 800.00
Suture of Heart wound or injury	\$ 1,000.00	Pancreatectomy – total	\$ 1,400.00
Valvotomy, aortic and pulmonic valve	\$ 1,500.00	Laparotomy	\$ 400.00
Valvotomy, mitral valve	\$ 1,400.00	Hemiotomy	\$ 350.00
Valvutoplasty or Replacement	\$ -		\$ -
Aortic and mitral valve	\$ 2,000.00	URINARY SYSTEM	\$ -
Coronary Bypass, single or multiple	\$ 2,000.00	Nephrolithotomy	\$ 800.00
Repair of Myocardial Aneurysm	\$ 2,000.00	Renal Biopsy	\$ 50.00
Repair of Septal Defect	\$ 1,800.00	Nephrectomy	\$ 800.00
Angioplasty, percutaneous	\$ 1,000.00	Lithotripsy	\$ 500.00
Peravenous or Transvenous insertion of	\$ -	Kidney Transplant	\$ 1,250.00
Pacemaker	\$ 500.00	Cystotomy	\$ 500.00
	\$ -	Cystectomy – partial	\$ 700.00
ARTERIES	\$ -	Cystectomy – complete	\$ 1,000.00
Arteriotomy, extramity	\$ 600.00	Urethroscopy or Cystoscopy	\$ 50.00
Thromboendarterectomy	\$ 1,200.00	Cystoplasty	\$ 800.00
Carotid endarterectomy	\$ 1,200.00	Dilation of Urethra	\$ 20.00
Excision and graft, Abdominal Aortic	\$ -		\$ -
Aneurysm	\$ 1,500.00	GENITAL SYSTEM	\$ -
Injection – Varicose Veins	\$ 10.00		\$ -
	\$ -	MALE	\$ -
HEMIC AND LYPHATIC SYSTEMS	\$ -	Circumcision	\$ 30.00
Splenectomy	\$ 600.00	Orchlectomy	\$ 200.00
Biopsy of Lymph Node	\$ 50.00	Reduction of Torsion of Testis	\$ 300.00
Radical Lymphadenectomy	\$ 510.00	Excision of Epididymis, Hydrocele,	\$ 100.00
	\$ -	Varicocale	\$ 300.00
DIGESTIVE SYSTEM	\$ -	Vasectomy	\$ 150.00
Gastrotomy	\$ 500.00	Biopsy, Prostate	\$ 166.67
Gastrectomy, Total	\$ 1,000.00	Prostatectomy – partial	\$ 800.00

Gastrectomy, Partial	\$ 800.00	Prostatectomy – radical	\$ 1,000.00
Gastroscopy	\$ 150.00		\$ -
Gastro Gastrorrhaphy	\$ 500.00	FEMALE	\$ -
Enterectathy	\$ 600.00	Hysterectomy, Vaginal or Abdominal	\$ 600.00
Enterectomy	\$ 700.00	Hysterectomy, radical for cancer	\$ -
Colostomy	\$ 800.00	Including lymph nodes	\$ 1,000.00
Enterostomy	\$ 500.00	Salpingo – oophorectomy	\$ 450.00
Enterolysis	\$ 400.00	Repair of cystocele or rectocele	\$ 350.00
Diverticulectomy	\$ 500.00	Repair of cystocele and rectocele	\$ 520.00
Appendectomy	\$ 400.00	Tubal Ligation	\$ 400.00
Proctectomy	\$ 1,000.00	Biopsy or removal of cervical lesion	\$ -
Proctosigmoidoscopy	\$ 30.00	or polyp	\$ 300.00
Proctoplasty	\$ 400.00	Dilation and curettage	\$ 150.00
	\$ -	Myomectomy	\$ 500.00
	\$ -	Repair of uterine suspension	\$ 400.00
	\$ -	Cesarian Section	\$ 500.00
		Obstetrical Delivery	\$ 200.00
		Amniocentesis	\$ 50.00
ENDOCRINE SYSTEM	\$ -		
Incision and drainage of	\$ -		
Thyroid Gland	\$ 30.00		
Local excision of thyroid cyst	\$ -		
Or adenoma	\$ 400.00		
Thyroidectomy or parathyroidectomy	\$ 700.00		
Adrenalectomy	\$ 800.00		
	\$ -		
NERVOUS SYSTEM	\$ -		
Burr Holes	\$ 300.00		
Cranioplasty	\$ 1,000.00		
Craniotomy or Craniectomy	\$ 400.00		
Laminectomy	\$ 1,000.00		
Spinal Puncture	\$ 20.00		
Paravertebral block, lumbar,	\$ -		
Or thoracic nerve	\$ 50.00		
Median nerve decompression	\$ -		
(Carpal Tunnel)	\$ 300.00		
	\$ -		
EYE	\$ -		
Removal of eye	\$ 400.00		
Excision of pterygium	\$ 250.00		
Sclerotomy – anterior	\$ 500.00		
Sclerotomy – posterior	\$ 300.00		
Iridectomy	\$ 500.00		
Extraction of lens (including	\$ -		
Cataract extraction)	\$ 800.00		
Reattachment of retina	\$ 1,000.00		
Muscle operation (one or more muscles)	\$ 600.00		
Excision of lacrimal gland or sac	\$ 500.00		
	\$ -		
EAR	\$ -		
Drainage of abscess	\$ 20.00		
Otoscopy	\$ 20.00		
Myringotomy	\$ 30.00		
Tympanotomy (diagnostic)	\$ 500.00		

Tympanotomy with insertion of	\$ -		
Collar Button Tube	\$ 250.00		
Mastoidectomy – simple	\$ 500.00		
Tympanoplasty	\$ 1,000.00		
Labyrinthotomy or Labyrinthectomy	\$ 1,000.00		

Plan 5

INTEGUMENTARY SYSTEM	Maximum			Maximum
	Surgical			Surgical
	Benefit			Benefit
SKIN			JOINTS	
Incision and Drainage of Cyst	\$ 50.00		Shoulder or Elbow Arthrotomy	\$ 1,250.00
Acne Surgery	\$ 375.00		Arthroplasty	\$ 2,000.00
Biopsy	\$ 75.00		Wrist Arthrotomy	\$ 1,000.00
Excision of Benign Tumor	\$ 100.00		Arthroplasty	\$ 2,000.00
Excision of Malignant Tumor			Hip Arthrotomy	\$ 1,750.00
(Trunk, Arms or Legs)	\$ 150.00		Arthroplasty	\$ 2,500.00
Excision of Malignant Tumor			Knee Arthrotomy	\$ 1,250.00
(Face, Scalp, Ears, Neck, Hands			Arthroplasty	\$ 2,500.00
Feet, Genitalia)	\$ 250.00		Ankle Arthrotomy	\$ 1,250.00
Excision of Malignant Tumor			Arthroplasty	\$ 1,875.00
(Eyelids, Nose, Lips, Mucous			Hammertoe	\$ 500.00
Membrane)	\$ 375.00			
Excision of Nail	\$ 250.00		DISLOCATIONS	
Repair – Simple Wounds	\$ 50.00		Jaw	\$ 125.00
Repair – Complex Wounds (Linear Repair)	\$ 175.00		Collar Bone (requiring reduction)	\$ 250.00
Repair – Skin Grafts (Single Stage)	\$ 125.00		Shoulder (humerus with anesthesia)	
Repair – Skin Grafts (Multiple Stage)	\$ 375.00		Or Elbow	\$ 125.00
Electro – surgical destruction of			Wrist	\$ 125.00
Chemocautery	\$ 50.00		Fingers or Toes	\$ 50.00
Chemosurgery – malignancies of skin	\$ 500.00		Hip or Knee	\$ 500.00
			Ankle	\$ 250.00
BREAST				
Biopsy	\$ 375.00		TENDONS	
Excision of Cyst or Benign Tumor	\$ 375.00		Repair or Suture	\$ 300.00
Excision of Chest Wall Tumor	\$ 1,750.00		Lengthening or Shortening	
Mastectomy, simple	\$ 750.00		(e.g. Achilles tendon)	\$ 750.00
Mastectomy, radical	\$ 1,750.00			
Mammoplasty, Reconstructive	\$ 3,750.00		AMPUTATIONS	
			Arm at Shoulder Joint	\$ 1,875.00
MUSCULOSKELETAL SYSTEM			Arm below Shoulder Joint	\$ 875.00
			Finger	\$ 375.00
BONE OR CARTILAGE GRAFT			Leg at Hip Joint	\$ 2,000.00
Spinal Fusion	\$ 2,000.00		Leg at Knee	\$ 1,000.00
Spinal Fusion with removal of			Leg above or below knee	\$ 1,250.00
Intervertebral disc	\$ 2,000.00		Toe	\$ 250.00
Spinal Fusion of Scoliosis	\$ 3,000.00			
			RESPIRATORY SYSTEM	
FRACTURES (Requiring Reduction)				
Skull	\$ 1,875.00		NOSE	
Nose	\$ 125.00		Excision of Nasal Polyps	\$ 75.00
Jaw	\$ 750.00		Submucous resection, Classic Nasal Sept	\$ 750.00
Vertebrae, one or more	\$ 750.00			
Collar Bone	\$ 375.00		SINUSES	
Shoulder blade (Scapula)	\$ 1,375.00		Frontal Sinusotomy – simple	\$ 500.00
Upper Arm	\$ 625.00		Frontal Sinusotomy – radical	\$ 1,500.00
Lower Arm	\$ 375.00			
Hand	\$ 250.00		LARYNX	
Fingers or Toes	\$ 125.00		Laryngectomy	\$ 2,500.00
Upper Leg	\$ 1,000.00		Laryngoscopy	\$ 100.00
Lower Leg	\$ 375.00			
Ankle	\$ 625.00		TRACHEA AND BRONCHI	
Foot	\$ 250.00		Tracheotomy	\$ 500.00
			Bronchoscopy	\$ 375.00
			Closure of Tracheotomy	\$ 625.00

LUNGS			
Thoracotomy	\$ 1,250.00	Fistulotomy	\$ 250.00
Pneumonotomy	\$ 1,500.00	Sphincterotomy	\$ 125.00
Pneumonocentesis	\$ 125.00	Fissurectomy or Hemorrhoidectomy	\$ 500.00
Thoracentesis	\$ 75.00	Removal of External Hemorrhoids	\$ 75.00
Pneumectomy, total	\$ 2,500.00	Aspiration biopsy of liver, pancreas	
Wedge Resection of Lung,		Or bile duct	\$ 125.00
Single or Multiple	\$ 2,000.00	Cholecystotomy	\$ 1,250.00
Thoracoscopy (including biopsy)	\$ 500.00	Cholecystectomy	\$ 1,500.00
		Pancreatectomy – partial	\$ 2,000.00
CARDIOVASCULAR SYSTEM		Pancreatectomy – total	\$ 3,500.00
		Laparotomy	\$ 1,000.00
HEART		Hemiotomy	\$ 875.00
Heart Transplant	\$ 5,000.00		
Catheterization of Heart	\$ 375.00	URINARY SYSTEM	
Suture of Heart wound or injury	\$ 2,500.00	Nephrolithotomy	\$ 2,000.00
Valvotomy, aortic and pulmonic valve	\$ 3,750.00	Renal Biopsy	\$ 125.00
Valvotomy, mitral valve	\$ 3,500.00	Nephrectomy	\$ 2,000.00
Valvutoplasty or Replacement		Lithotripsy	\$ 1,250.00
Aortic and mitral valve	\$ 5,000.00	Kidney Transplant	\$ 3,125.00
Coronary Bypass, single or multiple	\$ 5,000.00	Cystectomy	\$ 1,250.00
Repair of Myocardial Aneurysm	\$ 5,000.00	Cystectomy – partial	\$ 1,750.00
Repair of Septal Defect	\$ 4,500.00	Cystectomy – complete	\$ 2,500.00
Angioplasty, percutaneous	\$ 2,500.00	Urethroscopy or Cystoscopy	\$ 125.00
Peravenous or Transvenous insertion of		Cystoplasty	\$ 2,000.00
Pacemaker	\$ 1,250.00	Dilation of Urethra	\$ 50.00
ARTERIES		GENITAL SYSTEM	
Arteriotomy, extramity	\$ 1,500.00		
Thromboendarterectomy	\$ 3,000.00	MALE	
Carotid endarterectomy	\$ 3,000.00	Circumcision	\$ 75.00
Excision and graft, Abdominal Aortic		Orchectomy	\$ 500.00
Aneurysm	\$ 3,750.00	Reduction of Torsion of Testis	\$ 750.00
Injection – Varicose Veins	\$ 25.00	Excision of Epididymis, Hydrocele,	\$ 250.00
		Varicocoele	\$ 750.00
HEMIC AND LYMPHATIC SYSTEMS		Vasectomy	\$ 375.00
Splenectomy	\$ 1,500.00	Biopsy, Prostate	\$ 416.67
Biopsy of Lymph Node	\$ 125.00	Prostatectomy – partial	\$ 2,000.00
Radical Lymphadenectomy	\$ 1,275.00	Prostatectomy – radical	\$ 2,500.00
DIGESTIVE SYSTEM		FEMALE	
Gastrotomy	\$ 1,250.00	Hysterectomy, Vaginal or Abdominal	\$ 1,500.00
Gastrectomy, Total	\$ 2,500.00	Hysterectomy, radical for cancer	
Gastrectomy, Partial	\$ 2,000.00	Including lymph nodes	\$ 2,500.00
Gastrosocopy	\$ 375.00	Salpingo – oophorectomy	\$ 1,125.00
Gastro Gastrorrhaphy	\$ 1,250.00	Repair of cystocele or rectocele	\$ 875.00
Enterectomy	\$ 1,500.00	Repair of cystocele and rectocele	\$ 1,300.00
Enterectomy	\$ 1,750.00	Tubal Ligation	\$ 1,000.00
Colostomy	\$ 2,000.00	Biopsy or removal of cervical lesion	
Enterostomy	\$ 1,250.00	or polyp	\$ 750.00
Enterolysis	\$ 1,000.00	Dilation and curettage	\$ 375.00
Diverticulectomy	\$ 1,250.00	Myomectomy	\$ 1,250.00
Appendectomy	\$ 1,000.00	Repair of uterine suspension	\$ 1,000.00
Proctectomy	\$ 2,500.00	Cesarian Section	\$ 1,250.00
Proctosigmoidoscopy	\$ 75.00	Obstetrical Delivery	\$ 500.00
Proctoplasty	\$ 1,000.00	Amniocentesis	\$ 125.00

SECTION X**INCORPORATION OF RIDER PROVISIONS**

Dependent Children Benefit Rider CA6500-DCR IL

Dependent Spouse Benefit Rider CA6500-DSR IL

Critical Illness Rider CIR06-REV

SECTION XI OCCUPATIONAL CLASSIFICATIONS AND SCHEDULE OF PREMIUMS

Plan 1	18-64
Employee	\$38.71
Employee & Spouse	\$77.04
Employee & Dependent	
Children	\$65.07
Family	\$103.40

Plan 2	18-64
Employee	\$66.92
Employee & Spouse	\$133.52
Employee & Dependent	
Children	\$103.10
Family	\$169.70

Plan 3	18-64
Employee	\$96.02
Employee & Spouse	\$192.22
Employee & Dependent	
Children	\$146.50
Family	\$242.70

Plan 4	18-64
Employee	\$115.75
Employee & Spouse	\$233.01
Employee & Dependent	
Children	\$175.14
Family	292.40

Plan 5	18-64
Employee	\$165.68
Employee & Spouse	\$333.15
Employee & Dependent	
Children	\$242.10
Family	\$409.57



2801 Devine Street, Columbia, South Carolina 29205
(800) 433-3036

**CERTIFICATE OF INSURANCE FOR
SUPPLEMENTAL HOSPITAL INDEMNITY POLICY**

**THIS CERTIFICATE IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE
IT IS DESIGNED TO SUPPLEMENT A MAJOR MEDICAL PROGRAM.**

CERTIFICATE INDEX

Definitions	Section I
Premiums and Individual Terminations	Section II
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Limitations and Exclusions.....	Section IV
Claim Provisions.....	Section V
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Benefit Schedule	Section VII
Schedule of Operations	Section VIII
Certificate Schedule	Section IX

We certify that you are insured under the Supplemental Hospital Indemnity Policy (herein called the Plan) issued to your policyholder subject to the definitions, exclusions and other provisions of the Plan against loss resulting from Hospital Confinement.

Certain provisions of the Plan are summarized in this certificate. All provisions of the Plan, whether contained in your certificate or not, apply to the insurance referred to by the certificate.

The Effective Date of your certificate is as shown in the Certificate Schedule if you are on that date actively at work for the policyholder. If not, this certificate will become effective on the next date you are actively at work as an eligible member. This certificate will remain in effect for the period for which the premium has been paid. This certificate may be continued for further periods as stated in the Plan.

This certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in the application.

This certificate, on its Effective Date, automatically replaces any certificate or certificates previously issued to you under the Plan.

NO RECOVERY FOR PRE-EXISTING CONDITIONS--READ CAREFULLY. No benefits will be provided during the first twelve months of this certificate for conditions for which medical advice or treatment was received or recommended during the twelve-month period prior to the effective date shown in the Certificate Schedule.

SECTION I

DEFINITIONS

Whenever a male pronoun is used, it includes the female unless the context clearly shows otherwise.

When the terms below are used in this certificate, the following definitions will apply:

We, Us, Our - means Continental American.

You and Your - refer to the person named in the Certificate Schedule.

Insured - means you if this certificate is issued as Individual coverage.

If this certificate is issued as:

1. member/Spouse coverage Insured means you and your legal spouse;
2. Single Parent Family coverage Insured means you and your covered dependent children as defined in the applicable rider, that have been accepted for coverage;
3. Family coverage Insured means you and your spouse and covered dependent children, as defined in the applicable rider that have been accepted for coverage.

Injury or Injuries - means accidental bodily injury or injuries caused solely by or as the result of a covered accident.

Covered Accident - means an accident, which occurs on or after an Insured's Effective Date, while this certificate is in force, and which is not specifically excluded.

Sickness - means an illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury.

Covered Sickness - means an illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any injury which:

1. occurs while this policy is in force; and
2. was not treated or for which an Insured did not receive advice within 12 months before the effective date of his coverage; and
3. is not excluded by name or specific description in this certificate.

Calendar Year – means the period beginning on the policy Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

On-The-Job Benefits - means the benefits we will pay if a covered accident occurs while you are working at any job for pay or benefits. These benefits are shown in the Benefit Schedule under On-The-Job.

Off-The-Job Benefits - means the benefits we will pay if a covered accident occurs while you are not working at any job for pay or benefits. These benefits are shown in the Benefit Schedule under Off-The-Job.

Monthly Benefit - means a specified amount paid for a period of one month, with any periods of less than one month paid at the daily rate of 1/30th of the monthly amount.

Doctor or Physician - means a person, other than yourself, or a member of your immediate family, who:

1. is licensed by the state to practice a healing art;
2. performs services which are allowed by his license; and
3. performs services for which benefits are provided by this certificate.

Immediate Family - means your spouse, son, daughter, mother, father, sister, or brother.

Hospital - means a place which:

1. is legally licensed and operated as a hospital;
2. provides overnight care of injured and sick people;
3. is supervised by a doctor;
4. has full-time nurses supervised by a registered nurse;
5. has on-site or pre-arranged use of X-ray equipment, laboratory and surgical facilities; and
6. maintains permanent medical history records.

A hospital is not:

1. a nursing home;
2. an extended care facility;
3. a convalescent home;
4. a rest home or a home for the aged;
5. a place for alcoholics or drug addicts; or
6. a mental institution.

Hospital Intensive Care Unit - means a place which:

1. is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
3. is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
4. is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a twenty four hour basis; and
5. has a doctor assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step down units:

1. a progressive care unit;
2. a sub-acute intensive care unit;
3. an intermediate care unit;
4. a private monitored room;
5. an observation unit; or
6. any facility not meeting the definition of a hospital intensive care unit as defined in this policy.

Your Occupation - means the occupation in which you are regularly engaged at the time you become insured.

Actively at Work - to be considered actively at work, you must perform for a full normal workday the regular duties of your employment at your regular place of employment or at a location to which you may be required to travel to perform the regular duties of your employment.

Full-Time Work - means spending at least **20 hours** per week performing your occupational duties.

Elimination Period - means the number of days of hospital confinement that must elapse before benefits become payable. The number of days is shown in the Benefit Schedule. Benefits are not payable, nor do they accrue, during an Elimination Period.

Treatment - means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

SECTION II PREMIUMS AND INDIVIDUAL TERMINATIONS

PREMIUMS

The initial premium shown in the Certificate Schedule is the premium covering the period from the Effective Date to the next renewal date of this certificate. Renewal premiums will be in accordance with the schedule of premium rates in effect at the time of renewals as set forth in the Plan.

CERTIFICATE TERM

The first term of this certificate starts on the Effective Date in the Certificate Schedule. It ends on the first renewal date also shown. Later terms will be the periods for which renewal premiums are paid when due. All terms will begin and end at 12:01 A.M., Standard Time, at the policyholder's address. The renewal premium for each term will be due on the day preceding term end.

INDIVIDUAL TERMINATIONS

Your insurance will terminate on the earliest of:

1. the date the Plan is terminated;
2. the period ends for which premium has been paid;
3. on the date you cease to meet the definition of a member as defined in the Plan;
4. on the premium due date which falls on or first follows your 70th birthday; or
5. on the date you are no longer a member of an eligible class.

Termination of any Insured's coverage under this certificate shall be without prejudice to his rights as regarding any claim arising prior thereto.

SECTION III BENEFIT PROVISIONS

The benefit amounts payable are shown in the Benefit Schedule. Coverage terminates on the premium due date which falls on or first follows your 65th birthday; at that time all benefits cease regardless of the benefit maximum.

Hospital Admission - We will pay this benefit when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be admitted to a hospital within 6 months of the date of the covered accident.

We will pay the Hospital Admission benefit amount shown in the Benefit Schedule. We will not pay benefits for confinement to an observation unit, a recovery room, or for emergency room treatment or outpatient treatment.

We will pay this benefit once for a period of confinement. We will only pay this benefit once for each

covered accident or covered sickness. If we pay benefits for hospital confinement and the insured becomes confined to a hospital again within 6 months because of the same or related condition, we will treat this confinement as the same confinement.

Hospital Intensive Care - If you are confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness, we will pay the daily benefit amount shown on the Benefit Schedule. In order to receive this benefit for a covered accident, you must be admitted to a hospital intensive care unit within 6 months of the date of the covered accident.

We will pay this amount for each day of such confinement, but not to exceed the maximum benefit period shown on the Benefit Schedule during any one period of confinement.

We will pay benefits for only one confinement in a hospital's intensive care unit at a time, even if it is caused by more than one covered accident, more than one covered sickness or a covered accident and a covered sickness.

If we pay benefits for confinement in a hospital and you become confined to a hospital again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.

Surgical Benefit - If surgery, due to an injury received in a covered accident or because of a covered sickness, is performed by a physician we will pay the amount for the Surgical Operation shown opposite the procedure listed in the Schedule of Operations up to the maximum shown on the Benefit Schedule per surgical procedure. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an Ambulatory Surgical Center, or in a Physician's office.

If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that, which would, be payable for the operation listed in the Schedule of Operations, which is most nearly similar in severity and complexity.

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided.

Outpatient Surgery Facility Fees - If you are receiving surgery benefits under the Certificate due to an injury in a covered accident or have treatment as the result of a covered sickness, we will pay the benefit as shown in the Benefit Schedule for Outpatient Facility Fees.

We will pay an indemnity benefit, as shown in the Schedule, for each covered Outpatient Surgery performed in an outpatient facility. This benefit is paid in addition to any surgery benefits payable under the policy.

Anesthesia Benefits - When a surgical procedure is performed that is covered under the Surgical Benefit, we will pay 25% of the amount shown in the Schedule of Operations for anesthesia administered by a physician in connection with such procedure.

Hospital Emergency Room/Physician Benefit – If you have treatment as the result of a covered sickness, We will pay the benefit as shown in the Benefit Schedule for Physician's charges, Laboratory fees, X-rays and Injections/Medications while in the hospital. This benefit is subject to the calendar year maximum shown in the Benefit Schedule.

Outpatient Diagnostic Lab Visits - We will pay the amount shown for tests performed in an Outpatient Lab because of a covered sickness or injuries received in a covered accident:

We will pay benefits for no more than the amount shown per calendar year for each covered person due to outpatient diagnostic lab procedures. This benefit is not paid in addition to the wellness benefit.

Wellness Benefit - We will pay the amount shown on the Benefit Schedule page per calendar year when you visit a doctor and you are neither injured nor sick.

SECTION IV

LIMITATIONS AND EXCLUSIONS

[PRE-EXISTING CONDITION - Pre-existing Condition means within the 12-month period prior to an Insured's Effective Date those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury resulting from a pre-existing condition for 12 months after an Insured's Effective Date, or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

A claim for benefits for loss starting after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy is a “pre-existing condition” if conception was before an Insured’s Effective Date.

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

This certificate may have been issued as a replacement for a certificate previously issued to you under the Plan. If so, then the pre-existing condition limitation provision of this certificate applies only to any increase in benefits over the prior certificate. Any remaining period of pre-existing condition limitation of the prior certificate would continue to apply to the prior level of benefits.

Pregnancy will not be covered if conception was before an Insured's Effective Date. Pregnancy will be covered as any other sickness when the date of conception is after an Insured's Effective Date of coverage.]

EXCLUSIONS

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. Service in the military, naval or air service of any country, or international organization.
2. **Suicide** - committing or attempting to commit suicide, while sane or insane.
3. **Self-inflicted Injuries** - injuring or attempting to injure yourself intentionally.
4. **Traveling** – while traveling outside the United States, Canada, Mexico, or any United States possessions, except for a Medical Emergency or a covered Accidental Death or Accidental Dismemberment.
5. **Intoxication** - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a Physician.
6. **Illegal Acts** - participating or attempting to participate in an illegal activity, or working at an illegal job.

SECTION V

CLAIM PROVISIONS

Notice of Claim - Written notice of claim must be given to us within 60 days after the covered accident or covered sickness, or as soon as reasonably possible. The notice must be sent to us at our Home Office in Columbia, South Carolina. The notice should include the name of the Insured and the certificate number.

Claim Forms - When we receive notice of a claim, we will send you the forms for filing proof of loss. If these forms are not sent to you within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated on the Proof of Loss Section.

Proof of Loss - You must give us written proof within 90 days after the loss for which you are seeking benefits. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the covered accident or sickness unless you were legally incapacitated during that time.

Time Of Payment Of Claims - After we receive written proof of loss and process your claim, we will pay monthly all benefits then due for the claims providing a periodic payment. Benefits for any other loss covered by this certificate will be paid as soon as we receive proper written proof. Claims paid 30th days after we receive due written proof of loss will accrue interest at 9% per annum from the 30th day.

Payment Of Claims - Benefits will be paid to you. All of the benefits due will be paid to you unless you assign them elsewhere. Any benefits unpaid at the time of your death will be paid in the following order:

1. to any approved assignee;
2. your beneficiary;
3. your surviving spouse;
4. your estate.

Changing Your Beneficiary - You can ask us to change your beneficiary at any time. The request must be in writing and the change must be approved by us. If approved, it will go into effect the day you sign the request. The change will not have any bearing on payments made before we approved the request.

Unpaid Premium - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

Physical Examination And Autopsy - At our expense, we can require an Insured to have a physical examination as often as reasonably necessary while a claim is pending, or an autopsy in the case of death, where allowed by law. This will be done at our expense.

Legal Action - You cannot take legal action against us for benefits under this certificate:

1. within 60 days after you have sent us written proof of loss; or
2. more than 6 years from the time written proof is required to be given.

SECTION VI

GENERAL PROVISIONS

Entire Contract - The entire contract consists of:

1. the Plan;
2. the application of the policyholder; and
3. your application(s).

All statements made in such application(s) shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under this certificate unless:

1. the statement is in writing signed by the policyholder or by you; and
2. a copy of that statement is given to the policyholder or to you or to your beneficiary.

Contract Changes - No change in this certificate is valid unless approved by our Home Office and unless such approval is endorsed by an officer and attached to this certificate. No agent has the authority to change this certificate or to waive any of its provisions.

Misstatements of Age - If you incorrectly stated your age in the application, the benefits will be such as the premium paid would have purchased at the correct age. If, based on your correct age, we would not have issued your certificate, then our responsibility will be to refund the excess premium paid, if any.

Time Limit On Certain Defenses - We rely of the statements you made in the application when issuing this certificate. After this certificate has been in force for two years, we cannot cancel it or refuse to pay benefits because of any misstatements in the application unless you fraudulently made them.

Conformity With State Statutes - Any provision of this certificate which, on the Effective Date, is in conflict with the laws of the state in which it was issued, will be amended to conform to the minimum requirements of those laws.

SECTION VII

BENEFIT SCHEDULE

Physicians Office Visit/Hospital Emergency Room Visit	\$50 (max 6 visits per year)	\$50 (max 6 visits per year)	\$75 (max 6 visits per year)	\$75 (max 6 visits per year)	\$100 (max 6 visits per year)
Hospital Admission (<i>per admission</i>)	\$250	\$500	\$750	\$1,000	\$1,500
Hospital Intensive Care (<i>per day-max 30 days</i>)	\$250	\$500	\$750	\$1,000	\$1,500
Surgical Benefit (<i>per procedure</i>)	\$0	Up to \$2,000	Up to \$2,000	Up to \$2,000	Up to \$5,000
Anesthesia (25% of Surgical Benefit)	\$0	Up to \$500	Up to \$500	Up to \$500	Up to \$1,250
Wellness Benefits (<i>per calendar year</i>)	\$150	\$150	\$150	\$225	\$75
Outpatient Diagnostic Lab (<i>per test-max 6 test per calendar year</i>)	\$0	\$50	\$100	\$125	\$125
Outpatient Surgery Facility Fee (<i>per surgery</i>)	\$0	\$100	\$150	\$250	\$250
Well Baby (<i>per visit max 4 visits per calendar year</i>)	\$50	\$60	\$70	\$80	\$60

SECTION VIII
SCHEDULE OF OPERATIONS
Plans 2, 3 and 4

INTEGUMENTARY SYSTEM	Maximum		Maximum
	Surgical		Surgical
	Benefit		Benefit
SKIN		JOINTS	
Incision and Drainage of Cyst	\$ 20.00	Shoulder or Elbow Arthrotomy	\$ 500.00
Acne Surgery	\$ 15.00	Arthroplasty	\$ 800.00
Biopsy	\$ 30.00	Wrist Arthrotomy	\$ 400.00
Excision of Benign Tumor	\$ 40.00	Arthroplasty	\$ 800.00
Excision of Malignant Tumor	\$ -	Hip Arthrotomy	\$ 700.00
(Trunk, Arms or Legs)	\$ 60.00	Arthroplasty	\$ 1,000.00
Excision of Malignant Tumor	\$ -	Knee Arthrotomy	\$ 500.00
(Face, Scalp, Ears, Neck, Hands	\$ -	Arthroplasty	\$ 1,000.00
Feet, Genitalia)	\$ 100.00	Ankle Arthrotomy	\$ 500.00
Excision of Malignant Tumor	\$ -	Arthroplasty	\$ 750.00
(Eyelids, Nose, Lips, Mucous	\$ -	Hammertoe	\$ 200.00
Membrane)	\$ 150.00		\$ -
Excision of Nail	\$ 100.00	DISLOCATIONS	\$ -
Repair – Simple Wounds	\$ 20.00	Jaw	\$ 50.00
Repair – Complex Wounds (Linear Repair)	\$ 70.00	Collar Bone (requiring reduction)	\$ 100.00
Repair – Skin Grafts (Single Stage)	\$ 50.00	Shoulder (humerus with anesthesia)	\$ -
Repair – Skin Grafts (Multiple Stage)	\$ 150.00	Or Elbow	\$ 50.00
Electro – surgical destruction of	\$ -	Wrist	\$ 50.00
Chemocautery	\$ 20.00	Fingers or Toes	\$ 20.00
Chemosurgery – malignancies of skin	\$ 200.00	Hip or Knee	\$ 200.00
	\$ -	Ankle	\$ 100.00
BREAST	\$ -		\$ -
Biopsy	\$ 150.00	TENDONS	\$ -
Excision of Cyst or Benign Tumor	\$ 150.00	Repair or Suture	\$ 120.00
Excision of Chest Wall Tumor	\$ 700.00	Lengthening or Shortening	\$ -
Mastectomy, simple	\$ 300.00	(e.g. Achilles tendon)	\$ 300.00
Mastectomy, radical	\$ 700.00		\$ -
Mammoplasty, Reconstructive	\$ 1,500.00	AMPUTATIONS	\$ -
	\$ -	Arm at Shoulder Joint	\$ 750.00
MUSCULOSKELETAL SYSTEM	\$ -	Arm below Shoulder Joint	\$ 350.00
	\$ -	Finger	\$ 150.00
BONE OR CARTILAGE GRAFT	\$ -	Leg at Hip Joint	\$ 800.00
Spinal Fusion	\$ 800.00	Leg at Knee	\$ 400.00
Spinal Fusion with removal of	\$ -	Leg above or below knee	\$ 500.00
Intervertebral disc	\$ 800.00	Toe	\$ 100.00
Spinal Fusion of Scoliosis	\$ 1,200.00		\$ -
	\$ -	RESPIRATORY SYSTEM	\$ -
FRACTURES (Requiring Reduction)	\$ -		\$ -
Skull	\$ 750.00	NOSE	\$ -
Nose	\$ 50.00	Excision of Nasal Polyps	\$ 30.00
Jaw	\$ 300.00	Submucous resection, Classic Nasal	\$ 300.00
Vertebrae, one or more	\$ 300.00	Sept	\$ -
Collar Bone	\$ 150.00	SINUSES	\$ -
Shoulder blade (Scapula)	\$ 550.00	Frontal Sinusotomy – simple	\$ 200.00
Upper Arm	\$ 250.00	Frontal Sinusotomy – radical	\$ 600.00

	\$ -		\$ -
Lower Arm	\$ 150.00	LARYNX	\$ -
Hand	\$ 100.00	Laryngectomy	\$ 1,000.00
Fingers or Toes	\$ 50.00	Laryngoscopy	\$ 40.00
Upper Leg	\$ 400.00		\$ -
Lower Leg	\$ 150.00		
Ankle	\$ 250.00		
Foot	\$ 100.00		
	\$ -		
	\$ -		
LUNGS	\$ -	TRACHEA AND BRONCHI	\$ -
Thoracotomy	\$ 500.00	Tracheotomy	\$ 200.00
Pneumonotomy	\$ 600.00	Bronchoscopy	\$ 150.00
Pneumonocentesis	\$ 50.00	Closure of Tracheotomy	\$ 250.00
Thoracentesis	\$ 30.00		\$ -
Pneumectomy, total	\$ 1,000.00		\$ -
Wedge Resection of Lung,	\$ -	Fistulotomy	\$ 100.00
Single or Multiple	\$ 800.00	Sphincterotomy	\$ 50.00
Thoracoscopy (including biopsy)	\$ 200.00	Fissurectomy or Hemorrhoidectomy	\$ 200.00
	\$ -	Removal of External Hemorrhoids	\$ 30.00
CARDIOVASCULAR SYSTEM	\$ -	Aspiration biopsy of liver, pancreas	\$ -
	\$ -	Or bile duct	\$ 50.00
HEART	\$ -	Cholecystotomy	\$ 500.00
Heart Transplant	\$ 2,000.00	Cholecystectomy	\$ 600.00
Catheterization of Heart	\$ 150.00	Pancreatectomy – partial	\$ 800.00
Suture of Heart wound or injury	\$ 1,000.00	Pancreatectomy – total	\$ 1,400.00
Valvotomy, aortic and pulmonic valve	\$ 1,500.00	Laparotomy	\$ 400.00
Valvotomy, mitral valve	\$ 1,400.00	Hemiotomy	\$ 350.00
Valvutoplasty or Replacement	\$ -		\$ -
Aortic and mitral valve	\$ 2,000.00	URINARY SYSTEM	\$ -
Coronary Bypass, single or multiple	\$ 2,000.00	Nephrolithotomy	\$ 800.00
Repair of Myocardial Aneurysm	\$ 2,000.00	Renal Biopsy	\$ 50.00
Repair of Septal Defect	\$ 1,800.00	Nephrectomy	\$ 800.00
Angioplasty, percutaneous	\$ 1,000.00	Lithotripsy	\$ 500.00
Peravenous or Transvenous insertion of	\$ -	Kidney Transplant	\$ 1,250.00
Pacemaker	\$ 500.00	Cystectomy	\$ 500.00
	\$ -	Cystectomy – partial	\$ 700.00
ARTERIES	\$ -	Cystectomy – complete	\$ 1,000.00
Arteriotomy, extramity	\$ 600.00	Urethroscopy or Cystoscopy	\$ 50.00
Thromboendarterectomy	\$ 1,200.00	Cystoplasty	\$ 800.00
Carotid endarterectomy	\$ 1,200.00	Dilation of Urethra	\$ 20.00
Excision and graft, Abdominal Aortic	\$ -		\$ -
Aneurysm	\$ 1,500.00	GENITAL SYSTEM	\$ -
Injection – Varicose Veins	\$ 10.00		\$ -
	\$ -	MALE	\$ -
HEMIC AND LYPHATIC SYSTEMS	\$ -	Circumcision	\$ 30.00
Splenectomy	\$ 600.00	Orchlectomy	\$ 200.00
Biopsy of Lymph Node	\$ 50.00	Reduction of Torsion of Testis	\$ 300.00
Radical Lymphadenectomy	\$ 510.00	Excision of Epididymis, Hydrocele,	\$ 100.00
	\$ -	Varicocale	\$ 300.00
DIGESTIVE SYSTEM	\$ -	Vasectomy	\$ 150.00
Gastrotomy	\$ 500.00	Biopsy, Prostate	\$ 166.67
Gastrectomy, Total	\$ 1,000.00	Prostatectomy – partial	\$ 800.00
Gastrectomy, Partial	\$ 800.00	Prostatectomy – radical	\$ 1,000.00

Gastroscopy	\$ 150.00			\$ -
Gastro Gastrorrhaphy	\$ 500.00		FEMALE	\$ -
Enterectathy	\$ 600.00		Hysterectomy, Vaginal or Abdominal	\$ 600.00
Enterectomy	\$ 700.00		Hysterectomy, radical for cancer	\$ -
Colostomy	\$ 800.00		Including lymph nodes	\$ 1,000.00
Enterostomy	\$ 500.00		Salpingo – oophorectomy	\$ 450.00
Enterolysis	\$ 400.00		Repair of cystocele or rectocele	\$ 350.00
Diverticulectomy	\$ 500.00		Repair of cystocele and rectocele	\$ 520.00
Appendectomy	\$ 400.00		Tubal Ligation	\$ 400.00
Proctectomy	\$ 1,000.00		Biopsy or removal of cervical lesion	\$ -
Proctosigmoidoscopy	\$ 30.00		or polyp	\$ 300.00
Proctoplasty	\$ 400.00		Dilation and curettage	\$ 150.00
	\$ -		Myomectomy	\$ 500.00
	\$ -		Repair of uterine suspension	\$ 400.00
	\$ -		Cesarian Section	\$ 500.00
			Obstetrical Delivery	\$ 200.00
			Amniocentesis	\$ 50.00
ENDOCRINE SYSTEM	\$ -			
Incision and drainage of	\$ -			
Thyroid Gland	\$ 30.00			
Local excision of thyroid cyst	\$ -			
Or adenoma	\$ 400.00			
Thyroidectomy or parathyroidectomy	\$ 700.00			
Adrenalectomy	\$ 800.00			
	\$ -			
NERVOUS SYSTEM	\$ -			
Burr Holes	\$ 300.00			
Cranioplasty	\$ 1,000.00			
Craniotomy or Craniectomy	\$ 400.00			
Laminectomy	\$ 1,000.00			
Spinal Puncture	\$ 20.00			
Paravertebral block, lumbar,	\$ -			
Or thoracic nerve	\$ 50.00			
Median nerve decompression	\$ -			
(Carpal Tunnel)	\$ 300.00			
	\$ -			
EYE	\$ -			
Removal of eye	\$ 400.00			
Excision of pterygium	\$ 250.00			
Sclerotomy – anterior	\$ 500.00			
Sclerotomy – posterior	\$ 300.00			
Iridectomy	\$ 500.00			
Extraction of lens (including	\$ -			
Cataract extraction)	\$ 800.00			
Reattachment of retina	\$ 1,000.00			
Muscle operation (one or more muscles)	\$ 600.00			
Excision of lacrimal gland or sac	\$ 500.00			
	\$ -			
EAR	\$ -			
Drainage of abscess	\$ 20.00			
Otoscopy	\$ 20.00			
Myringotomy	\$ 30.00			
Tympanotomy (diagnostic)	\$ 500.00			

Tympanotomy with insertion of	\$ -			
Collar Button Tube	\$ 250.00			
Mastoidectomy – simple	\$ 500.00			
Tympanoplasty	\$ 1,000.00			
Labyrinthotomy or Labyrinthectomy	\$ 1,000.00			

INTEGUMENTARY SYSTEM	Maximum			Maximum
	Surgical			Surgical
	Benefit			Benefit
SKIN			JOINTS	
Incision and Drainage of Cyst	\$ 50.00		Shoulder or Elbow Arthrotomy	\$ 1,250.00
Acne Surgery	\$ 375.00		Arthroplasty	\$ 2,000.00
Biopsy	\$ 75.00		Wrist Arthrotomy	\$ 1,000.00
Excision of Benign Tumor	\$ 100.00		Arthroplasty	\$ 2,000.00
Excision of Malignant Tumor			Hip Arthrotomy	\$ 1,750.00
(Trunk, Arms or Legs)	\$ 150.00		Arthroplasty	\$ 2,500.00
Excision of Malignant Tumor			Knee Arthrotomy	\$ 1,250.00
(Face, Scalp, Ears, Neck, Hands			Arthroplasty	\$ 2,500.00
Feet, Genitalia)	\$ 250.00		Ankle Arthrotomy	\$ 1,250.00
Excision of Malignant Tumor			Arthroplasty	\$ 1,875.00
(Eyelids, Nose, Lips, Mucous			Hammertoe	\$ 500.00
Membrane)	\$ 375.00			
Excision of Nail	\$ 250.00		DISLOCATIONS	
Repair – Simple Wounds	\$ 50.00		Jaw	\$ 125.00
Repair – Complex Wounds (Linear Repair)	\$ 175.00		Collar Bone (requiring reduction)	\$ 250.00
Repair – Skin Grafts (Single Stage)	\$ 125.00		Shoulder (humerus with anesthesia)	
Repair – Skin Grafts (Multiple Stage)	\$ 375.00		Or Elbow	\$ 125.00
Electro – surgical destruction of			Wrist	\$ 125.00
Chemocautery	\$ 50.00		Fingers or Toes	\$ 50.00
Chemosurgery – malignancies of skin	\$ 500.00		Hip or Knee	\$ 500.00
			Ankle	\$ 250.00
BREAST				
Biopsy	\$ 375.00		TENDONS	
Excision of Cyst or Benign Tumor	\$ 375.00		Repair or Suture	\$ 300.00
Excision of Chest Wall Tumor	\$ 1,750.00		Lengthening or Shortening	
Mastectomy, simple	\$ 750.00		(e.g. Achilles tendon)	\$ 750.00
Mastectomy, radical	\$ 1,750.00			
Mammoplasty, Reconstructive	\$ 3,750.00		AMPUTATIONS	
			Arm at Shoulder Joint	\$ 1,875.00
MUSCULOSKELETAL SYSTEM			Arm below Shoulder Joint	\$ 875.00
			Finger	\$ 375.00
BONE OR CARTILAGE GRAFT			Leg at Hip Joint	\$ 2,000.00
Spinal Fusion	\$ 2,000.00		Leg at Knee	\$ 1,000.00
Spinal Fusion with removal of			Leg above or below knee	\$ 1,250.00
Intervertebral disc	\$ 2,000.00		Toe	\$ 250.00
Spinal Fusion of Scoliosis	\$ 3,000.00			
			RESPIRATORY SYSTEM	
FRACTURES (Requiring Reduction)				
Skull	\$ 1,875.00		NOSE	
Nose	\$ 125.00		Excision of Nasal Polyps	\$ 75.00
Jaw	\$ 750.00		Submucous resection, Classic Nasal Sept	\$ 750.00
Vertabrae, one or more	\$ 750.00			
Collar Bone	\$ 375.00		SINUSES	
Shoulder blade (Scapula)	\$ 1,375.00		Frontal Sinusotomy – simple	\$ 500.00
Upper Arm	\$ 625.00		Frontal Sinusotomy – radical	\$ 1,500.00
Lower Arm	\$ 375.00			
Hand	\$ 250.00		LARYNX	
Fingers or Toes	\$ 125.00		Laryngectomy	\$ 2,500.00
Upper Leg	\$ 1,000.00		Laryngoscopy	\$ 100.00
Lower Leg	\$ 375.00			
Ankle	\$ 625.00		TRACHEA AND BRONCHI	
Foot	\$ 250.00		Tracheotomy	\$ 500.00
			Bronchoscopy	\$ 375.00
			Closure of Tracheotomy	\$ 625.00

LUNGS			
Thoracotomy	\$ 1,250.00	Fistulotomy	\$ 250.00
Pneumonotomy	\$ 1,500.00	Sphincterotomy	\$ 125.00
Pneumonocentesis	\$ 125.00	Fissurectomy or Hemorrhoidectomy	\$ 500.00
Thoracentesis	\$ 75.00	Removal of External Hemorrhoids	\$ 75.00
Pneumonectomy, total	\$ 2,500.00	Aspiration biopsy of liver, pancreas	
Wedge Resection of Lung,		Or bile duct	\$ 125.00
Single or Multiple	\$ 2,000.00	Cholecystotomy	\$ 1,250.00
Thoracoscopy (including biopsy)	\$ 500.00	Cholecystectomy	\$ 1,500.00
		Pancreatectomy – partial	\$ 2,000.00
CARDIOVASCULAR SYSTEM		Pancreatectomy – total	\$ 3,500.00
		Laparotomy	\$ 1,000.00
HEART		Hemiotomy	\$ 875.00
Heart Transplant	\$ 5,000.00		
Catheterization of Heart	\$ 375.00	URINARY SYSTEM	
Suture of Heart wound or injury	\$ 2,500.00	Nephrolithotomy	\$ 2,000.00
Valvotomy, aortic and pulmonic valve	\$ 3,750.00	Renal Biopsy	\$ 125.00
Valvotomy, mitral valve	\$ 3,500.00	Nephrectomy	\$ 2,000.00
Valvutoplasty or Replacement		Lithotripsy	\$ 1,250.00
Aortic and mitral valve	\$ 5,000.00	Kidney Transplant	\$ 3,125.00
Coronary Bypass, single or multiple	\$ 5,000.00	Cystotomy	\$ 1,250.00
Repair of Myocardial Aneurysm	\$ 5,000.00	Cystectomy – partial	\$ 1,750.00
Repair of Septal Defect	\$ 4,500.00	Cystectomy – complete	\$ 2,500.00
Angioplasty, percutaneous	\$ 2,500.00	Urethroscopy or Cystoscopy	\$ 125.00
Pervenous or Transvenous insertion of		Cystoplasty	\$ 2,000.00
Pacemaker	\$ 1,250.00	Dilation of Urethra	\$ 50.00
ARTERIES		GENITAL SYSTEM	
Arteriotomy, extremity	\$ 1,500.00		
Thromboendarterectomy	\$ 3,000.00	MALE	
Carotid endarterectomy	\$ 3,000.00	Circumcision	\$ 75.00
Excision and graft, Abdominal Aortic		Orchlectomy	\$ 500.00
Aneurysm	\$ 3,750.00	Reduction of Torsion of Testis	\$ 750.00
Injection – Varicose Veins	\$ 25.00	Excision of Epididymis, Hydrocele,	\$ 250.00
		Varicocoe	\$ 750.00
HEMIC AND LYPHATIC SYSTEMS		Vasectomy	\$ 375.00
Splenectomy	\$ 1,500.00	Biopsy, Prostate	\$ 416.67
Biopsy of Lymph Node	\$ 125.00	Prostatectomy – partial	\$ 2,000.00
Radical Lymphadenectomy	\$ 1,275.00	Prostatectomy – radical	\$ 2,500.00
DIGESTIVE SYSTEM		FEMALE	
Gastrotomy	\$ 1,250.00	Hysterectomy, Vaginal or Abdominal	\$ 1,500.00
Gastrectomy, Total	\$ 2,500.00	Hysterectomy, radical for cancer	
Gastrectomy, Partial	\$ 2,000.00	Including lymph nodes	\$ 2,500.00
Gastrosocopy	\$ 375.00	Salpingo – oophorectomy	\$ 1,125.00
Gastro Gastrorrhaphy	\$ 1,250.00	Repair of cystocele or rectocele	\$ 875.00
Enterectathy	\$ 1,500.00	Repair of cystocele and rectocele	\$ 1,300.00
Enterectomy	\$ 1,750.00	Tubal Ligation	\$ 1,000.00
Colostomy	\$ 2,000.00	Biopsy or removal of cervical lesion	
Enterostomy	\$ 1,250.00	or polyp	\$ 750.00
Enterolysis	\$ 1,000.00	Dilation and curettage	\$ 375.00
Diverticulectomy	\$ 1,250.00	Myomectomy	\$ 1,250.00
Appendectomy	\$ 1,000.00	Repair of uterine suspension	\$ 1,000.00
Proctectomy	\$ 2,500.00	Cesarian Section	\$ 1,250.00
Protosigmoidoscopy	\$ 75.00	Obstetrical Delivery	\$ 500.00
Proctoplasty	\$ 1,000.00	Amniocentesis	\$ 125.00

SECTION IX**CERTIFICATE SCHEDULE**

Insured - [John A. Doe]
[895]

Effective Date - [June 1, 1992]

***Initial Premium -** [\$19.75 Monthly]

Group Policy Number -

Certificate Number -[51491]

First Renewal Date -[July 1, 1992]

* Initial premium includes the premium for any riders purchased at the same time as the coverage provided by this certificate.



2801 Devine Street Columbia, South Carolina 29205
(800) 433-3036

**DEPENDENT CHILDREN BENEFIT RIDER
TO CERTIFICATE OF INSURANCE
FOR SUPPLEMENTAL HOSPITAL INDEMNITY COVERAGE**

This rider is a part of the certificate to which it is attached. We have issued this rider to you because: (1) you paid the additional premium for this rider; and (2) we relied on the application you made. Unless amended by this rider, Certificate Definitions, other Provisions and terms apply to this rider.

Effective Date - If issued at the same time as the certificate, this rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this rider will have a later Effective Date, which will be shown in the Dependent Rider Schedule issued with this rider. The insurance of a dependent will become effective on the rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he becomes active.

DEFINITIONS

When the terms below are used in this rider, the following definitions will apply:

YOU, YOUR Means the insured named in the Dependent Rider Schedule.

CHILD or CHILDREN Means your natural child(ren), step-children, legally adopted child(ren) or child(ren) placed for adoption, who are:

1. unmarried;
2. chiefly dependent on you or your spouse for support;
3. living with you in a regular parent-child relationship; and
4. younger than age 19, or younger than age 25 if they are full-time students. The definition of "full-time student" will be based on the criteria of the learning institution at which the student is enrolled.

"Child or Children" also includes child(ren), regardless of age, who:

1. are mentally or physically handicapped;
2. became or become handicapped prior to age 19; and
3. cannot support themselves because of their handicap.

A child born after the Effective Date of this rider will also be covered from the moment of live birth. No notice or additional premium is required.

DEPENDENT Means your child or children covered under this rider.

ACTIVE	"Active" as used refers a dependent who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.
TREATMENT	Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If a dependent qualifies for benefits under the certificate to which this rider is attached because of a covered accident or a covered sickness, we will provide the benefits contained in the certificate under the Benefit Provisions. The appropriate benefit amounts payable for the dependent are shown in the Benefit Schedule issued with this rider.

ADDITIONAL BENEFIT

Well Baby Care -We will pay the amount shown on the Benefit Schedule page per visit. Pays for up to 4 visits per calendar year per insured baby. (Our definition of a baby is a dependent child 12 months of age or younger.)

LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION - Pre-existing Condition means within the 12-month period prior to an Insured's Effective Date those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury resulting from a pre-existing condition for 12 months after an Insured's Effective Date, or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

A claim for benefits for loss starting after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy is a "pre-existing condition" if conception was before an Insured's Effective Date.

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

This certificate may have been issued as a replacement for a certificate previously issued to you under the Plan. If so, then the pre-existing condition limitation provision of this certificate applies only to any increase in benefits over the prior certificate. Any remaining period of pre-existing condition limitation of the prior certificate would continue to apply to the prior level of benefits.

Pregnancy will not be covered if conception was before an Insured's Effective Date. Pregnancy will be covered as any other sickness when the date of conception is after an Insured's Effective Date of coverage.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. Service in the military, naval or air service of any country, or international organization.
2. **Suicide** - committing or attempting to commit suicide, while sane or insane.
3. **Self-inflicted Injuries** - injuring or attempting to injure yourself intentionally.
4. **Traveling** – while traveling outside the United States, Canada, Mexico, or any United States possessions, except for a Medical Emergency or a covered Accidental Death or Accidental Dismemberment.
5. **Intoxication** - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a Physician.
6. **Illegal Acts** - participating or attempting to participate in an illegal activity, or working at an illegal job.

GENERAL PROVISIONS

If your dependent child's coverage is terminated because of marriage or attainment of the limiting age, we will still pay benefits for any covered accident or sickness which occurred while the dependent was covered under this rider.

TIME LIMIT ON CERTAIN DEFENSES

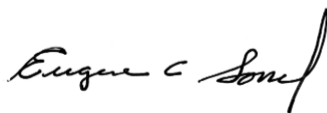
After this rider has been in force for a period of two years it shall become incontestable as to the statements contained in the application.

CONTRACT

This rider is part of the certificate, and will terminate when the certificate terminates, or when premiums are no longer paid for this rider.

This rider is subject to all of the terms of the certificate to which it is attached unless any such terms are inconsistent with the terms of this rider.

Signed by the Company at its Home Office.



President

DEPENDENT RIDER SCHEDULE

Insured -	John A. Doe	Group Policy Number -	1234
Rider Effective Date -	June 1, 1998	Rider Number -	0599
First Renewal Date-	July 1, 1999	Certificate Number-	51491
Initial Premium -	\$10.25 Monthly		

BENEFIT SCHEDULE

Physicians Office Visit/Hospital	\$50	\$50	\$75	\$75	\$100
Emergency Room Visit	(max 6 visits per year)	(max 6 visits per year)	(max 6 visits per year)	(max 6 visits per year)	(max 6 visits per year)
Hospital Admission (<i>per admission</i>)	\$250	\$500	\$750	\$1,000	\$1,500
Hospital Intensive Care (<i>per day-max 30 days</i>)	\$250	\$500	\$750	\$1,000	\$1,500
Surgical Benefit (<i>per procedure</i>)	\$0	Up to \$2,000	Up to \$2,000	Up to \$2,000	Up to \$5,000
Anesthesia (25% of Surgical Benefit)	\$0	Up to \$500	Up to \$500	Up to \$500	Up to \$1,250
Wellness Benefits (<i>per calendar year</i>)	\$150	\$150	\$150	\$225	\$75
Outpatient Diagnostic Lab (<i>per test-max 6 test per calendar year</i>)	\$0	\$50	\$100	\$125	\$125
Outpatient Surgery Facility Fee (<i>per surgery</i>)	\$0	\$100	\$150	\$250	\$250
Well Baby (<i>per visit max 4 visits per calendar year</i>)	\$50	\$60	\$70	\$80	\$60



2801 Devine Street Columbia, South Carolina 29205

**DEPENDENT SPOUSE BENEFIT RIDER
TO CERTIFICATE OF INSURANCE
FOR SUPPLEMENTAL HOSPITAL INDEMNITY COVERAGE**

This rider is a part of the certificate to which it is attached. We have issued this rider to you because: (1) you paid the additional premium for this rider; and (2) we relied on the application you made. Unless amended by this rider, Certificate Definitions, other Provisions and terms apply to this rider.

Effective Date - If issued at the same time as the certificate, this rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this rider. The insurance of a spouse will become effective on the rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he becomes active.

DEFINITIONS

When the terms below are used in this rider, the following definitions will apply:

YOU, YOUR	Means the insured named in the Rider Schedule.
SPOUSE	Means your legal spouse who is between the ages of 18 and 64.
ACTIVE	"Active" as used refers a dependent who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.
TREATMENT	Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If your insured spouse qualifies for benefits under the certificate to which this rider is attached because of a covered accident or a covered sickness, we will provide the benefits contained in the certificate under the Benefit Provisions. The appropriate benefit amounts payable for your insured spouse are shown in the Benefit Schedule issued with this rider.

LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION - Pre-existing Condition means within the 12-month period prior to an Insured's Effective Date those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury resulting from a pre-existing condition for 12 months after an Insured's Effective Date, or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

A claim for benefits for loss starting after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy is a "pre-existing condition" if conception was before an Insured's Effective Date.

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

This certificate may have been issued as a replacement for a certificate previously issued to you under the Plan. If so, then the pre-existing condition limitation provision of this certificate applies only to any increase in benefits over the prior certificate. Any remaining period of pre-existing condition limitation of the prior certificate would continue to apply to the prior level of benefits.

Pregnancy will not be covered if conception was before an Insured's Effective Date. Pregnancy will be covered as any other sickness when the date of conception is after an Insured's Effective Date of coverage.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. Service in the military, naval or air service of any country, or international organization.
2. **Suicide** - committing or attempting to commit suicide, while sane or insane.
3. **Self-inflicted Injuries** - injuring or attempting to injure yourself intentionally.
4. **Traveling** – while traveling outside the United States, Canada, Mexico, or any United States possessions, except for a Medical Emergency or a covered Accidental Death or Accidental Dismemberment.
5. **Intoxication** - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a Physician.
6. **Illegal Acts** - participating or attempting to participate in an illegal activity, or working at an illegal job.

GENERAL PROVISIONS

If your spouse's coverage is terminated because of attainment of the limiting age, we

will still pay benefits for any covered accident or sickness, which occurred while he was covered under this rider.

**TIME LIMIT
ON CERTAIN
DEFENSES**

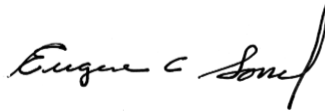
After this rider has been in force for a period of two years it shall become incontestable as to the statements contained in the application.

CONTRACT

This rider is part of the certificate, and will terminate when the certificate terminates, or when premiums are no longer paid for this rider.

This rider is subject to all of the terms of the certificate to which it is attached unless any such terms are inconsistent with the terms of this rider.

Signed by the Company at its Home Office.

A handwritten signature in cursive script, reading "Eugene C. Smith".

President

RIDER SCHEDULE

Insured - [John A. Doe]
Rider Effective Date - [July 1, 2001]
First Renewal Date- [August 1, 2002]
Initial Premium - [\$10.25 Monthly]

Group Policy Number - [1234]
Rider Number - [0599]
Certificate Number- [51491]

BENEFIT SCHEDULE

Physicians Office Visit/Hospital Emergency Room Visit	\$50 (max 6 visits per year)	\$50 (max 6 visits per year)	\$75 (max 6 visits per year)	\$75 (max 6 visits per year)	\$100 (max 6 visits per year)
Hospital Admission (<i>per admission</i>)	\$250	\$500	\$750	\$1,000	\$1,500
Hospital Intensive Care (<i>per day-max 30 days</i>)	\$250	\$500	\$750	\$1,000	\$1,500
Surgical Benefit (<i>per procedure</i>)	\$0	Up to \$2,000	Up to \$2,000	Up to \$2,000	Up to \$5,000
Anesthesia (25% of Surgical Benefit)	\$0	Up to \$500	Up to \$500	Up to \$500	Up to \$1,250
Wellness Benefits (<i>per calendar year</i>)	\$150	\$150	\$150	\$225	\$75
Outpatient Diagnostic Lab (<i>per test-max 6 test per calendar year</i>)	\$0	\$50	\$100	\$125	\$125
Outpatient Surgery Facility Fee (<i>per surgery</i>)	\$0	\$100	\$150	\$250	\$250
Well Baby (<i>per visit max 4 visits per calendar year</i>)	\$50	\$60	\$70	\$80	\$60



2801 Devine Street, Columbia, South Carolina 29205
Member: Continental American Insurance Group

GROUP MASTER APPLICATION

Application is hereby made to: Continental American Insurance Company

By:

POLICYHOLDER / UNION / ASSOCIATION NAME

HOME OFFICE LOCATION (City and State)

REPRESENTATIONS

Class of Members Eligible for Coverage: Regular _____ Members / members under age _____

An eligible applicant is one who works _____ hours or more per week. An applicant must be Actively at Work on the date he/she applies and on the date his or her Certificate of Insurance is to become effective. An applicant must have completed _____ months of continuous service before being eligible.

The minimum number of enrolled Members necessary to keep the Group Policy in force is:

COVERAGE REQUESTED

Group Hospital Indemnity

Plan: 1 2 3 4

Optional Features: _____ The requested effective date: _____.

Will this Group Hospital Indemnity Policy replace any existing Group Hospital Indemnity Policy? Yes No

GENERAL AGREEMENT:

The applicant agrees to transmit the total premiums under the group policy to Continental American Insurance Company at its Home Office when due. No agent or other person except an officer can make or change any contract or agreement on behalf of Continental American Insurance Company.

Warning: Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

By

Date

Title



ENROLLMENT FORM

Post Office Box 427
Columbia, South Carolina 29202 (800) 433-3036

For Home Office Use Only

ID#

Plan Code:

Effective Date

Member		Social Security Number / ID Number		Gender	Date of Birth
Street Address			City	State	Zip Code
Policyholder		Occupation	Location	Date of Hire	
Hours worked per week	Daytime Phone Number	Beneficiary Name & Relationship			
Are you actively at work? <input type="checkbox"/> YES <input type="checkbox"/> NO					

H.I. PLUS COVERAGE

<input type="checkbox"/> Plan # _____		Monthly Premium: \$ _____		Section 125: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Member Only		<input type="checkbox"/> Member + Spouse		<input type="checkbox"/> Member + Children	
<input type="checkbox"/> Family		<i>Please list all covered dependents (Spouse and/or Children) below:</i>			
Name		Date of Birth	Name		Date of Birth
Spouse			Child		
Child			Child		
Child			Child		

To the best of my knowledge and belief, the answers to the questions on this application are true and complete. They are offered to Continental American Insurance Company as the basis for any insurance issued.

CERTIFICATION: The undersigned applicant has read the completed application and realizes that any false statement or misrepresentation in the application may result in loss of coverage under the certificate. I understand that no insurance will be in effect until my application is approved and the necessary premium is paid.

I authorize my policyholder to deduct the appropriate dollar amount from my earnings and to deduct and pay Continental American Insurance Company the premium required thereafter each pay period for my insurance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Deduction Start Date _____

Date _____ Signature of Applicant: _____

Date _____ Signature of Agent: _____ State of Enrollment _____

THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE.



2801 Devine Street, Columbia, South Carolina 29205
(800) 433-3036

**CRITICAL ILLNESS RIDER
TO CERTIFICATE OF INSURANCE FOR HOSPITAL INDEMNITY**

This rider is a part of the certificate to which it is attached. We have issued this rider to you because (1) you paid the additional premium for this rider; and (2) we relied on the application you made. Unless amended by this rider, Certificate Definitions, other Provisions and terms apply to this rider.

Effective Date - If issued at the same time as the certificate, this rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this rider.

Termination – This rider terminates when your Certificate terminates or when premium for this rider is no longer paid.

DEFINITIONS

Pathologist means a doctor, other than yourself or a family member, who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A pathologist also means an osteopathic pathologist who is certified by the Osteopathic Board of Pathology.

Doctor or Physician means any licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or illness. It doesn't include you or a member of your family.

Illness means sickness or disease which first manifests itself while this rider is in force and after any applicable Waiting Period. Any loss due to illness must begin while this rider is in force.

Date of Diagnosis The date of diagnosis is:

For cancer and/or carcinoma in situ: The day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of cancer or carcinoma in situ is based.

For heart attack: The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.

For stroke: The date a stroke occurred based on documented neurological deficits and neuroimaging studies.

For end stage renal failure: The date that a doctor or physician recommends that an Insured begin renal dialysis.

Major organ transplant surgery or coronary artery bypass surgery: The date the surgery occurs for covered transplants or covered coronary artery bypass surgery.

Medical Necessity and “Medically Necessary” means surgery when provided as needed by your medical condition and according to generally accepted medical practice standards. The fact that your physician may prescribe, order, recommend or approve a surgery doesn’t, of itself, make it Medically Necessary.

Specified Critical Illness means such illness shown in the Schedule and as defined in this rider.

Waiting Period means the first thirty (30) days after the Covered Person’s Effective Date. We won’t pay benefits for a Specified Critical Illness that begins during the Waiting Period.

BENEFIT DEFINITIONS

Cancer means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers such as:

1. Pre-malignant tumors or polyps;
2. Carcinoma in Situ (non-invasion);
3. Any skin cancers except melanomas;
4. Stage 1 Hodgkin’s disease and Stage A Prostate Cancer;
5. Basal cell carcinoma and squamous cell carcinoma of the skin; and
6. Melanoma that is diagnosed as Clark’s Level I or II or Breslow less than .77mm.

Cancer which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Myocardial Infarction (Heart Attack) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a heart attack. The diagnosis must include all of the following criteria:

1. New and serial Electrocardiographic (EKG) findings consistent with Myocardial Infraction; and
2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used.
3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.
4. Chest Pain.

Stroke means Apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident, which is first manifested on or after the policy date. Stroke does not include Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia. We will pay a benefit for Stroke that produces permanent clinical neurological sequela persisting for at least 30 days following an initial diagnosis made after any applicable Waiting Period. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or magnetic Resonance Imaging (MRI). **Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.**

Renal Failure (Kidney Failure) means the end stage renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

Major Organ Transplant means having a major organ transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

BENEFITS

Specified Critical Illness Benefit

We will pay this benefit if you are diagnosed with one of the specified critical illnesses shown on the Rider Schedule if:

1. The Date of Diagnosis is after the Waiting Period;
2. The Date of Diagnosis is while this rider is in force; and
3. It is not excluded by name or specific description in this rider.

The critical illness benefit is payable only once during the insured's lifetime.

We will pay this benefit if an Insured Person is diagnosed with one of the Specified Critical Illnesses shown on the Certificate Schedule if:

1. The date of diagnosis is after the Waiting Period;
2. The date of diagnosis is while this Certificate and is in force; and
3. It is not excluded by name or specific description in this Certificate.

If the date of diagnosis of a Specified Critical Illness occurs during the Waiting Period, the Certificate may be returned for a full refund of premium.

The Certificate's Initial Maximum Benefit amount is shown in the Schedule.

We will figure the benefits for each Specified Critical Illness by multiplying:

1. The Benefit Amount; LESS
2. Any partial benefits paid.

Payment of benefits is subject to the following:

1. We will pay benefits for a Specified Critical Illness in the order the events occur.
2. No benefits are payable for each Specified Critical Illness after the first unless its date of diagnosis is separated from the prior Specified Critical Illness by at least 180 days.
3. Once benefits have been paid for a Specified Critical Illness, no additional benefits are payable for that same Specified Critical Illness unless the dates of diagnosis are separated by at least 12 months (12 treatment free for cancer).

LIMITATIONS AND EXCLUSIONS

This rider contains a 30-day "waiting period". If a Covered Person is first diagnosed during the "waiting period", or, at your option, you may elect to void the Certificate from the beginning and receive a full refund of premium.

EXCLUSIONS

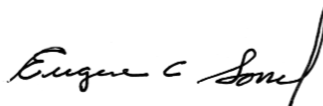
We won't pay for loss due to:

1. Intentionally self inflicted injury or action.
2. Suicide or attempted suicide while sane.
3. Illegal activities or participation in an illegal occupation.
4. War -declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.
5. Under the influence of any narcotic unless prescribed to you by a physician.

GENERAL PROVISIONS

1. This Rider is part of the Hospital Indemnity Certificate and will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.
2. The premium for this Rider is included in the premium shown in your certificate schedule.
3. This Rider is subject to all of the terms of the Hospital Indemnity Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office.

A handwritten signature in black ink, appearing to read "Eugene C. Smith". The signature is written in a cursive, flowing style.

President

RIDER SCHEDULE

Insured -	John A. Doe	Group Policy Number -	XXXX
Effective Date -	December 1, 1999	Certificate Number -	XXXX
*Initial Premium -	\$00.00 Monthly	First Renewal Date -	January 1, 2000

SECTION VIII - BENEFIT SCHEDULE

Maximum Benefit	\$2,500
Waiting Period:	30 Days

SPECIFIED CRITICAL ILLNESS

	Maximum Benefit
Stroke	100%
Cancer	100%
Kidney Failure	100%
Heart Attack	100%
Major Organ Transplant	100%

PARTIAL BENEFITS

CANCER

Carcinoma in situ	25%	25%
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When this Partial Benefit is paid, it will reduce the cancer benefit by 25%.

HEART ATTACK

Coronary Artery Bypass Surgery	25%	25%
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When this Partial benefit is paid, it will reduce the Heart Attack Benefit by 25%.

Spouses covered at 50% and children covered at 25% of employee benefit amount.

SERFF Tracking Number:	CAIC-126222317	State:	Arkansas
Filing Company:	Continental American Insurance Company	State Tracking Number:	42896
Company Tracking Number:	7365		
TOI:	H14G Group Health - Hospital Indemnity	Sub-TOI:	H14G.000 Health - Hospital Indemnity
Product Name:	AR AAOPD HI Plus filing		
Project Name/Number:	AR AAOPD HI Plus filing/7365		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Withdrawn	10/02/2009
Comments:			
Attachment:			
CAIC Readability Certificate.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Withdrawn	10/02/2009
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	Submission Letter	Withdrawn	10/02/2009
Comments:			
Attachment:			
Submission letter.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	By laws	Withdrawn	10/02/2009
Comments:			
Attachment:			
_AAOPD By Laws[1].pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	articles of incorporation	Withdrawn	10/02/2009
Comments:			
Attachment:			

<i>SERFF Tracking Number:</i>	<i>CAIC-126222317</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental American Insurance Company</i>	<i>State Tracking Number:</i>	<i>42896</i>
<i>Company Tracking Number:</i>	<i>7365</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>AR AAOPD HI Plus filing</i>		
<i>Project Name/Number:</i>	<i>AR AAOPD HI Plus filing/7365</i>		

_AAOPD Articles of Incorporation[1].pdf

		Item Status:	Status
			Date:
Satisfied - Item:	AR Checklist	Withdrawn	10/02/2009
Comments:			
Attachment:			
ARKANSAS CHECKLIST~AAOPD.pdf			



Continental American
INSURANCE COMPANY

READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following form has the following combined policy, certificate, rider and application readability score as calculated by the Flesch Reading Ease Test: **50**.

Form

CA6500-MP IL	Master Policy
CA6500-CI IL	Certificate
CA6500-DCR IL	Children Rider
CA6500-DSR IL	Spouse Rider
HIP-6500 MA	Master Application
CA6500-EA	Enrollment Form
CIR06-REV	CI Rider

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance, CAIC

July 9, 2009
Date



**2801 Devine Street
Columbia, South Carolina 29205**

July 9, 2009

Ms. Rosalind Minor
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

**Re: CONTINENTAL AMERICAN INSURANCE COMPANY NAIC 71730
American Association of Professional Drivers**

Enclosed: Bylaws and Articles of Incorporation and approved IL forms

Dear Ms. Minor,

We have a sales opportunity through an association called American Association of Professional Drivers domiciled out of Illinois. We are submitting the bylaws, articles of incorporation, and approved Illinois forms approved by the IL department of insurance on December 18, 2006. We have researched this association and found it to be a valid, non-profit organization that is currently in good standing in Illinois.

Thank you for your consideration in this matter. If you have any questions please call Lindsay Morden at (888) 730-2244 extension 4335 or at companycompliance@caicworksites.com.

Sincerely,

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance
/lwm

**FIRST AMENDED AND RESTATED BY-LAWS OF
AMERICAN ASSOCIATION OF PROFESSIONAL DRIVERS**

**ARTICLE I
PURPOSES**

The purpose of "American Association of Professional Drivers" ("association") is: "Educational" as stated in the Certificate of Incorporation; as well as any powers as are now or may hereafter be granted by the General Not-For-Profit Law of the State of Illinois.

**ARTICLE II
OFFICES**

The Association shall have and continuously maintain in this state a registered office and a registered agent, and the registered office of the association shall be identical with that of its registered agent. The Association may have other offices within or without the State of Illinois as the Board of Directors may from time to time determine.

**ARTICLE III
MEMBERS**

3.01 Class of Members. The Association shall have two (2) classes of members. The designation of such classes and qualifications of the members of such classes shall be as follows:

- (a) **Individual membership.** The individual is entitled to participate in all benefit programs offered by the Association.
- (b) **Family membership.** The primary member is entitled to participate in all benefit programs offered by the Association. The enrolled spouse of primary member and enrolled children of the primary member are entitled to participate in each applicable benefit program offered by the Association in accordance with the limitations, if any, of each such program.

3.02 Voting Rights. Each primary member shall be entitled to one vote on each matter submitted to a vote of the members by the Board of Directors. Voting may be in person or by proxy; provided that no proxy may be used for voting purposes unless the original of the proxy is filed with the Secretary of the Association at least seven (7) days before the meeting at which it is to be used.

3.03 Termination of Membership. Each individual member and all family members who shall be in default in the payment of dues for the period fixed in Article XI of the By-Laws is automatically ineligible for membership and loses all privileges and rights of membership in the Association, subject to the sole discretion of the Board of Directors to extend such time period for the payment of dues.

3.04 Resignation. Any member may resign by filing a written resignation with the Secretary, but such resignation shall not entitle such member to any refund of dues and the member shall immediately lose all privileges and rights of membership in the Association.

3.05 Reinstatement. Upon written reapplication a former member may be reinstated to membership in the Association in the sole discretion of the Board of Directors.

3.06 Membership Not Transferable. Membership in the Association is not transferable or assignable.

ARTICLE IV MEETINGS OF MEMBERS

4.01 Annual Meetings. An annual meeting of the primary members of the Association shall be held for the purpose of electing Directors and the transaction of any other business as may come before the meeting. The date of the annual meeting shall be determined by the Board of Directors.

4.02 Special Meeting. Special meetings of the primary members, for any purpose or purposes, unless otherwise prescribed by law, may be called by the President and shall be called by the Secretary at the direction of a majority of the Board of Directors, or at the request in writing of members representing at least one hundred (100) votes entitled to be cast at such meeting.

4.03 Place of Meeting. The Board of Directors may designate any place, within or without the State of Illinois as the place of meeting for any annual meeting. The President or Board of Directors may designate any place within or without the State of Illinois as the place of the meeting for any special meeting. If no designation is made, the place of meeting shall be the registered office of the Association.

4.04 Notice of Meetings. Written or printed notice stating the place, day and hour of any regular or special meeting of the Association's primary members shall be delivered to each primary member (i) in person, (ii) by mail, (iii) by facsimile, (iv) by e-mail, or (v) by the Association's internet website not less than seven (7) or more than forty (40) days before the date of such meeting, by or at the direction of the President, or Secretary, or the Board of Directors or person calling the meeting. In the case of special meetings, the purpose for which the meeting is called shall be stated in the notice. The notice of meeting shall be deemed delivered when (i) personally handed to the primary member, (ii) deposited in the United States mail addressed to the primary member at the address as it appears on the records of the Association, with postage thereon paid, (iii) faxed to the facsimile phone number of the primary member as it appears on the records of the Association, (iii) sent by e-mail to the e-mail address of the primary member as it appears in the records of the Association, or (iv) posted on the Association's internet website. Notice of meetings may be included in any publication that is distributed to the primary member.

4.05 Cancellation of Meetings – Notice. Meetings called and noticed in accordance with Section 4.04 above, maybe cancelled upon twenty four (24) hours notice delivered by e-

mail or posting at the Association's internet website. The notice of cancellation shall be deemed delivered when (i) the e-mail is sent to the e-mail address of the primary member as it appears in the records of the Association, or (ii) the posting on the Association's internet website occurs.

4.06 Quorum. There shall be no minimum number of members necessary to be present at any regular meeting or special meeting, in order to constitute a quorum. Those members present shall therefore constitute a quorum.

4.07 Manner of Acting. The vote majority of the primary members present on any matter of business presented during any regular or special meeting shall constitute the act of the members.

4.08 Written Consent of Primary Members. Upon approval by the Directors, any action required to be taken at a meeting of the members of the Association or any other action which may be taken at a meeting, may be taken without a meeting if consents in writing, setting forth the action so taken, shall be signed by a majority of the members with respect to the subject matter thereof.

4.09 Parliamentary Procedures. Parliamentary Procedure for all meetings of the primary members shall be conducted in accordance with the latest revised edition of Robert's Rules of Order, unless otherwise inconsistent with these By-Laws.

4.10 Voting. At all meetings of the primary members, each primary member of record shall be entitled to one (1) vote. A vote may be cast either orally or in writing in person or by proxy. A "primary member of record" is a person who is a member in good standing of the Association as of the close of business on a date, selected by the Board of Directors, not less than forty (40) days nor more than fifty (50) days before the date of the meeting (the "record date"). When a quorum is present at any meeting, the vote of the holders of a majority of primary members present shall decide any questions properly brought before such meeting, unless the questions are ones upon which, by express provision of law or of the Association's Articles of Incorporation, a different vote is required, in which case such express provision shall govern and control the decision of such question.

4.11 Matters Reserved to Membership Vote. The following matters shall be authorized only upon a vote "thereon" by the primary members at a meeting called to consider such matter:

- (a) An amendment to the Association's Articles of Incorporation;
- (b) The election of the Board of Directors; and
- (c) Any other matter which the Board of Directors, in their sole discretion, by resolution shall commit to a vote of the members.

ARTICLE V BOARD OF DIRECTORS

5.01 Number of Directors. The number of Directors shall be no fewer than three (3) and no more than twenty-five (25); provided however, that whenever numerically possible, the Directors shall be divided into three (3) equal classes each serving staggered terms of three (3) years in accordance with Section 5.02.

5.02 Nominating Committee and Classes of Directors. The Board of Directors shall appoint a committee each year for the purposes of nominating successor Directors in accordance with the provisions of these By-Laws. At the 2006 annual meeting of the members of the Association, five (5) Directors will be elected, who will be divided into three classes. There will be one (1) Director in the first class, who will hold office until the 2007 annual meeting of the membership of the Association after their election and until their successors are elected and qualified; there will be two (2) Directors in the second class, who will hold office until the 2008 annual meeting of the Association after their election and until their successors are elected and qualified; and there will be two (2) Directors in the third class, who will hold office until the 2009 annual meeting of the membership of the Association after their election and until their successors are elected and qualified. At each annual meeting of membership after 2006, Directors will be elected for the class whose term of office expires at that meeting, and such newly elected Directors will hold office until the third annual meeting of the membership of the Association following the date of their election and until their successors are elected and qualified.

5.03 Directors as Members. Directors must be residents of the United States and members of the Association.

5.04 Time for Acceptance of Office. The Board of Directors may declare the office of Director vacant if the person elected to that office does not accept office within sixty (60) days, either in writing or by attending a meeting of the Board of Directors.

5.05 Compensation of Directors. Directors will not receive any stated salary for their services as Directors, but, (i) Association membership dues shall be waived for each Director during their term of office, (ii) by resolution of the Board, a fixed fee maybe paid to each Director for their attendance at Board and/or Committee meetings, and (iii) by resolution of the Board, reasonable expenses incurred by Directors in the performance of their service to the Association maybe reimbursed.

Nothing contained in this Paragraph will be construed to preclude any Director from serving the association in any other capacity as an officer, agent, employee, or otherwise, and receiving compensation therefore.

5.06 Powers of Directors. All corporate powers of the Association will be exercised by or under the authority of the Board of Directors, and the business and affairs of the Association will be managed under the direction of the Board of Directors, subject to limitations set forth in (i) the Articles of Incorporation, (ii) these Bylaws, and (iii) applicable state law. These powers are also subject to the duties of the Directors as prescribed by these Bylaws. Without limitation or prejudice to their general powers, the Directors have the following specific powers:

- (a) **Appointment and Removal of Officers.** To select, appoint, remove, and supervise all the other officers, agents, and employees of the Association, prescribe powers and duties for them that are not inconsistent with applicable law, the Articles of Incorporation, or the Bylaws, and fix their compensation. The Board of Directors may delegate the power of appointment and removal and the power to fix the compensation of such other officers, agents, and employees to any officer of the association;
- (b) **Management of Association.** To conduct, manage, and control the affairs and business of the Association, or to direct the conduct and management of such affairs and business, and to make any rules and regulations therefore not inconsistent with law, the Articles of Incorporation, or these Bylaws, that they may deem appropriate;
- (c) **Offices.** To change the principal office for the transaction of the business of the Association from one location to another, and to fix and locate from time to time one or more subsidiary offices of the Association;
- (d) **Member Meetings--Books and Records.** To designate any place for the holding of any shareholders' meeting or meetings except annual meetings, and to cause to be kept open to the inspection of any person entitled thereto and making proper demand therefore, a book of minutes of all meetings of the Directors and members of the Association, adequate and correct books of account of the properties and business transactions of the Association;
- (e) **Borrowing Money.** To borrow money and incur indebtedness for the purposes and use of the Association, including the power and authority to borrow money from any of the members, Directors, or officers of the Association, and to cause to be executed, issued, and delivered therefore, in the Association's name, promissory notes or other evidences of indebtedness, and to secure the repayment thereof by deeds of trust, mortgages, pledges, hypothecations, or otherwise;
- (f) **Contracts and Obligations.** To assume any obligations, incur liabilities, enter into any contracts, or do any acts incidental to the transaction of the Association's business, and to secure any obligations by mortgage or pledge of all or any of its property, franchises, and income;
- (g) **Business Outside of Illinois.** To qualify the Association to do business in any other state, territory, dependency, or foreign country;
- (h) **Donations and Gifts.** To make donations on behalf of the Association of its property for the public welfare or for charitable, scientific, or educational purposes;

- (i) **Sale and Use of Corporate Property.** To sell, convey, alienate, transfer, lease, assign, exchange, and otherwise dispose of, mortgage, pledge, hypothecate, and otherwise encumber the property, real and personal, and the franchises of the Association, subject to the provisions of applicable law;
- (j) **Amendment of Bylaws.** Unless a bylaw adopted by the primary members of the Association provides otherwise as to all or some portion of the Bylaws, to amend or repeal any of these Bylaws and to adopt new bylaws, unless the primary members, in amending, repealing, or adopting a particular bylaw, expressly provide that the Board of Directors may not amend or repeal that bylaw; (provided, however, any amendment or repeal of these Bylaws or adoption of new bylaws by the Board of Directors will be effected only by the affirmative vote of at least two thirds of the Directors)
- (k) **Executive Committee.** To appoint an Executive Committee and other committees, and to delegate to the Executive Committee any of the powers and authority of the Board in the management of the business and affairs of the Association, except the powers to adopt, amend, or repeal bylaws, or such other powers as are required by law to be exercised by the Board of Directors. The Board of Directors has the power to prescribe the manner in which proceedings of the Executive Committee and other committees will be conducted. The Executive Committee will be composed of two or more Directors. The President shall be an ex-officio member of all Executive Committees of directors. Unless the Board of Directors otherwise provides, the Executive Committee will be governed by the following:
 - (1) **Regular Meetings.** Regular meetings of the Executive Committee will be held at those times determined by the Board of Directors, or by the Executive Committee, and may be held without notice;
 - (2) **Special Meetings.** Special meetings of the Executive Committee will be held at the principal office of the Association, or at any place that has been designated from time to time by resolution of the Executive Committee or by written consent of all members thereof;
 - (3) **Calling and Notice of Special Meetings.** Special meetings may be called by the President, any Vice President who is a member of the Executive Committee, or any two members thereof. Written notice of the special meeting must be given to the members of the Executive Committee, stating the time and place of the special meeting. The notice must be given in the same manner provided

for giving notice to Directors of special meetings of the Board of Directors;

- (4) **Minutes at Executive Committee Meetings.** Minutes will not be required for any meeting of the Executive Committee;
- (5) **Vacancies.** Vacancies in the membership of the Executive Committee will be filled by the Board of Directors;
- (6) **Quorum.** A majority of the authorized number of members of the Executive Committee will constitute a quorum for the transaction of business; and
- (7) **Waiver of Notice or Consent to Meeting.** Transactions of any meeting of the Executive Committee, however called and noticed or wherever held, will be as valid as though had at a meeting duly held after regular call and notice, if a quorum be present and if, either before or after the meeting, each of the members not present signs a written waiver of notice or a consent to holding that meeting or an approval of the minutes thereof. All waivers, consents, or approvals will be filed with the corporate records or made a part of the minutes of the meeting.

5.07 Board of Director Regular Meetings. A regular annual meeting of the Board of Directors shall be held each year immediately after the annual meeting of the primary members of the Association for the purpose of electing officers and for the transaction of such other business as may come before the meeting. The regular annual meeting of Directors shall be held without other notice than these By-Laws.

5.08 Board of Director Special Meetings. Special meetings of the Board of Directors may be called by or at the request of the President or any two (2) directors. All special meetings shall be held at the registered office of the Association unless otherwise agreed upon by a majority of the Board of Directors in attendance at the meeting.

5.09 Notice. Notice of any special meeting of the Board of Directors and the business to be transacted shall be given at least five (5) days previously thereto by written notice delivered to each Director (i) in person, (ii) by mail, (iii) by facsimile, (iv) by e-mail, or (v) by the Association's internet website. In the case of special meetings, the purpose for which the meeting is called shall be stated in the notice. The notice of meeting shall be deemed delivered when (i) personally handed to the Director, (ii) deposited in the United States mail addressed to the Director at the address as it appears on the records of the Association, with postage thereon paid, (iii) faxed to the facsimile phone number of the Director as it appears on the records of the Association, (iii) sent by e-mail to the e-mail address of the Director as it appears in the records of the Association, or (iv) posted on the Association's internet website. Notice of meetings may be included in any publication that is distributed to the Director.

5.10 Quorum. A majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board of Directors provided that if less than a majority of the directors are present at said meeting, a majority of the directors present may adjourn the meeting from time to time without further notice.

5.11 Place of Directors' Meetings. Regular and Special meetings of the Board of Directors will be held at the locations selected by the Board of Directors.

5.12 Meetings by Telephone. Any meeting of the Board of Directors may be held by telephone conference call in which all or some of the Directors are not physically present at the place of the meeting, but all participate in the conduct of the meeting by telephone. For the purpose of determining the presence of a quorum and for all voting purposes at such a meeting, all participating Directors are considered present and acting.

5.13 Rules for Directors' Meetings. Directors' meetings will be presided over by the Chairperson of the Board of Directors or, in his or her absence, by the President or a Vice President of the Association, or, if no such officer is present, by any Director chosen by a majority of the Directors present. The Secretary, or an Assistant Secretary, of the Association will attend and take minutes of those meetings. In the absence of that officer, the presiding officer will designate some person present to take minutes of the meeting. The precedence of, and procedure on, motions and other procedural matters at those meetings will be governed so far as practicable by Robert's Rules of Order insofar as those rules are not inconsistent with law, the Association's Articles of Incorporation, or these Bylaws.

5.14 Rules for Board Committee Meetings. Every meeting of a Board committee will be presided over by the committee chairperson or, in the absence of a chairperson, by any member chosen by a majority of the members present.

5.15 Action of Directors by Written Consent. Any action required or permitted to be taken by the Board of Directors or by any Board committee may be taken without a meeting, if all members of the Board or Board committee] individually or collectively consent in writing to that action. Written consent or consents will be filed with the minutes of the proceedings of the, and any action by written consent has the same force and effect as a unanimous vote of the Directors or Board committee members.

5.16 Vacancies. Vacancies created by the death, resignation, or removal of a director may be filled by a majority vote of the directors then in office though less than a quorum, and each director so chosen shall hold office until his successor is elected and qualified or until his earlier death, resignation or removal. A director may be removed at any time, with or without cause, by a vote of majority of the remaining directors. If there are not directors in office, then an election of directors may be held in the manner provided by law. Newly created directorships shall be filled by election at an annual meeting or special meeting called for that purpose.

ARTICLE VI OFFICERS

6.01 Officers. The Officers of the Association shall be a President, one or more Vice Presidents (the number thereof to be determined by the Board of Directors), a Treasurer, a Secretary or combination thereof, and such other officers as may be elected in accordance with the provisions of this article. The Board of Directors may elect or appoint other officers, including one or more Assistant Secretaries and one or more Assistant Treasurers, as it shall deem desirable, such officers to have the authority and perform the duties prescribed, from time to time, by the Board of Directors. Any two or more offices may be held by the same person, except the offices of President and Secretary.

6.02 Election and Term of Office. The Officers of the Association shall be elected annually by the Board of Directors at the regular annual meeting of the Board of Directors. If the election of Officers shall not be held at such meeting, such election shall be held as soon thereafter as convenient. Vacancies may be filled or new officers created and filled at any meeting of the Board of Directors. Each Officer shall hold office until his successor shall have been duly elected and shall have qualified.

6.03 Removal. Any Officer or Agent elected or appointed by the Board of Directors may be removed by the Board of Directors whenever in its judgment the best interests of the Association would be served thereby.

6.04 Vacancies. A vacancy in any office because of death, resignation, removal, disqualification or otherwise, may be filled by the Board of Directors for the unexpired portion of the term.

6.05 President. The President of the Association shall be the principal executive officer of the Association. He shall supervise and conduct the affairs of the Association in such manner as will best accomplish the purposes set forth in the Articles of Incorporation of the Association. He shall preside at all meetings of the Association members and Board of Directors. He shall countersign all checks together with the Treasurer.

6.06 Vice President. In the absence of the President, or in the event of his inability or refusal to act, the Vice President shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice President shall perform such other duties as from time to time may be assigned to him by the President or by the Board of Directors.

6.07 Treasurer. The Treasurer or Assistant Treasurer shall have charge and custody of and be responsible for all funds and securities of the Association; receive and give receipts for monies received by the Association from any source whatsoever, and deposit all such monies in the name of the Association in such banks, trust companies or other depositories as shall be selected in accordance with the provisions of Article VIII of these By-Laws.

6.08 Secretary. The Secretary or Assistant Secretary of the Association shall keep the minutes of the meetings of the members and of the Board of Directors in one or more books provided for that purpose; see that all notices are duly given in accordance with the provisions of these By-Laws or as required by law; be custodian of the corporate records of the Association;

see that the seal of the Association, if any, is affixed to all documents, the execution of which on behalf of the Association under its seal, if any, is duly authorized in accordance with the provision of these By-Laws; keep a register of the post office address of each members with shall be furnished to the Secretary or Assistant Secretary by such member; and in general perform all duties incident to the office of the Secretary and such other duties as from time to time may be assigned to the Secretary or Assistant Secretary by the President or by the Board of Directors.

ARTICLE VII OTHER COMMITTEES

7.01 Committees of Directors. The Board of Directors may designate one or more committees (other than an Executive Committee), each which shall consist of two (2) or more directors, which committees shall have and exercise the authority delegated and assigned to it by the Board of Directors in the management of the Association; but the designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual director, of any responsibility imposed upon it or him by law. The President shall be an ex-officio member of all other committees of directors.

7.02 Committees of Non-Directors. Other committees not having and exercising the authority of the Board of Directors in the management of the Association may be designated by the Board of Directors or the President. Members of each such committee shall be members of the Association. Any member thereof may be removed by the President.

7.03 Vacancies. Vacancies in the membership of any committee may be filled by appointments made in the same manner as provided in the case of the original appointments.

7.04 Quorum. A majority of the whole committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall be the act of the committee.

7.05 Rules. Each committee may adopt rules for its own government not inconsistent with these By-Laws or with rules adopted by the Board of Directors.

ARTICLE VIII CONTRACTS, CHECKS, DEPOSITS, AND FUNDS

8.01 Contracts. The Board of Directors may authorize the officers or agents of the Association to enter into contracts or to execute and deliver documents in the name of and on behalf of the Association. Such authority shall be confined to specific instances. Such contracts may be for any purpose deemed by the Board of Directors to be appropriate, including the contracting with a third party for any or all administrative and other services and functions necessary for the Association to achieve its purpose.

8.02 Checks, Drafts, Etc. All checks, drafts, or other orders for payment of money, notes or other evidences of indebtedness issued in the name of the Association shall be signed by such officer or officers, agent or agents of the Association and in such manner as shall from time to time be determined by the resolution of the Board of Directors. In the absence of such determination by the Board of Directors, such instrument shall be signed by the Treasurer or an Assistant Treasurer and countersigned by the President or Vice President of the Association.

8.03 Deposits. All funds coming into possession of the Association shall be deposited from time to time to the credit of the Association in such banks, trust companies, or other depositories as the Board of Directors may select.

8.04 Gifts. The Board of Directors may accept on behalf of the Association any contributions, gifts, bequests, or device for the general purpose or for the special purpose of the Association.

8.05 Loans. The Association may, upon authorization of the Board of Directors, from time to time accept or negotiate loans of financial assistance to be repaid at such time as the Association is reasonably able to repay.

ARTICLE IX CERTIFICATES OF MEMBERSHIP FULFILLMENT BROCHURES

9.01 Certificates of Membership. The Board of Directors may provide for the issuance of certificates evidencing membership in the Association which shall be in form as may be determined by the Board. Such certificates shall be signed by the President or Vice President and shall be sealed with the seal of the Association, if any. The name and address of each member and the date of issuance of the certificate shall be entered on the records of the Association. If any certificate shall become lost, mutilated or destroyed, a new certificate may be issued therefore upon such terms and conditions as the Board of Directors may determine.

9.02 Issuance of Certificates. When a member has applied for and is eligible for membership and has paid any initiation fee and dues that may then be required, a certificate of membership shall be issued and delivered to him by the Secretary, if the Board of Directors shall have provided for the issuance of certificates of membership under the provisions of Section 1 of this article.

9.03 Fulfillment Brochures. The Board of Directors may provide for the issuance of fulfillment brochures or kits to new members outlining the rights, privileges, and benefits of membership in the Association.

ARTICLE X BOOKS AND RECORDS

The Association shall keep correct and complete corporate minute of the proceedings of its members and Board of Directors at the registered or principal office or the Association. The corporate minute book of the Association may be inspected by any member, or his agent or attorney for any purpose at any reasonable time in the offices of the Association or at any other place in the same city designated by the President.

ARTICLE XI DUES AND INITIATION FEES

11.01 Annual Dues. The Board of Directors may determine from time to time the amount of annual dues payable to the Association by members of each class.

11.02 Payment of Dues. Dues shall be payable in advance.

11.03 Default and Termination of Membership. When any member of any class shall be in default in the payment of dues for a period of one month from the beginning of the period from which dues became payable, such member shall be automatically dropped from membership unless the Board of Directors, in its discretion, extends the time for payment of dues.

11.04 Initiation Fee. Each member may be required to pay, in addition to applicable dues, the amount of any initiation fee designated by the Board of Directors as a prerequisite to membership. The Board of Directors may provide that the initiation fee is waived for members who are part of a group where the sponsor pays a stated initiation fee on behalf of all group members.

ARTICLE XII FISCAL YEAR

The fiscal year of the Association shall begin the first day of January and end the last day of December.

ARTICLE XVIII DISPUTE RESOLUTION PROCEDURES

As used in these By-Laws and Dispute Resolution Procedures, the term "Dispute" shall mean any action, complaint, claim or controversy of any kind, whether in contract or in tort, statutory or common law, legal or equitable or otherwise, now existing or hereafter occurring between the Association or any officer, director, agent, employee, representative, heir, assign, beneficiary, successor, or affiliate of the Association on the one hand, and any member or prospective member of the Association, or any agent, representative, heir, assign, beneficiary, or successor of such member or prospective member on the other hand, which in any way arises out of or pertains to, directly or indirectly, (i) the Association (ii) the rights, privileges or benefits of membership in the Association, (iii) governance of the Association, or (iv) any other matter involving the Association membership enrollment process, dues, assessments, any representation, modification, extension, interpretation, violation, renewal, termination of this

Association or Association membership, as well as the content of any documents related to (i), (ii), (iii), (iv) including, without limitation, advertising brochures, membership materials, member benefit descriptions, applications, correspondence and similar documents, or any past, present or future incidents, omissions, acts, errors, claims, benefits, claims for benefits, practices or occurrences causing any alleged injury or damage to any party whereby the other parties or their agents, employees or representatives may be liable, in whole or in part.

13.01 Mediation of Disputes. Any and all Disputes arising out of or relating to the Association shall be submitted to the Judicial Arbitration and Mediation Services, Inc. ("JAMS"), or its successor, for mediation, and if the matter is not resolved through mediation, then it shall be submitted to JAMS, or its successor, for final and binding arbitration pursuant to the arbitration procedures provided herein.

13.02 Mediation Procedures. Either party may commence mediation by providing to JAMS and the other party a written request for mediation, setting forth the subject of the dispute and the relief requested. The parties will cooperate with JAMS and with one another in selecting a mediator from JAMS panel of neutrals, and in scheduling the mediation proceedings. The parties will participate in the mediation in good faith, and they will share equally in its costs. All offers, promises, conduct and statements, whether oral or written, made in the course of the mediation by any of the parties, their agents, employees, experts and attorneys, and by the mediator or any JAMS employees, are confidential, privileged and inadmissible for any purpose, including impeachment, in any arbitration involving the parties, provided that evidence that is otherwise admissible or discoverable shall not be rendered inadmissible or non-discoverable as a result of its use in the mediation.

13.03 Deadline for Resolution of Disputes by Mediation. In the event the parties do not amicably resolve the Dispute at mediation or within forty five (45) days following the date of the mediation, then either party may initiate arbitration in accordance with these By-Laws with respect to the dispute that was submitted to mediation. The mediation may continue after the commencement of arbitration if the parties so desire. Unless otherwise agreed by the parties, the mediator shall be disqualified from serving as arbitrator in the case.

13.04 Mandatory and Binding Arbitration of Disputes. Any Dispute arising out of or relating to the Association, directly or indirectly, including the determination of the scope or applicability of these Dispute Resolution Procedures that is not amicably resolved by the parties under the Mediation provisions above shall be decided by mandatory and binding arbitration conducted in the state in which the Dispute arose. Mandatory and binding arbitration is intended to be the exclusive means by which Disputes not resolved by mediation are finally resolved. In no event shall any member or other applicable party file a lawsuit or cause legal proceedings to be commenced as a result of any Dispute that is connected to or in any way involves the Association. No Disputes shall be decided in Federal or state courts or before a judge or jury, and the courts shall bar and dismiss any such attempted litigation. Any member or other applicable party who initiates or attempts to initiate any legal action in contravention of these Dispute Resolution Procedures shall be barred by the court from proceeding in such action, and shall pay the attorneys' fees and court costs incurred by the responding parties in defending against such legal action.

13.05 Commencement of Arbitration. In accordance with Section 13.03 above, arbitration shall be commenced by filing a written demand for arbitration served upon all affected parties.

13.06 Selection of Arbitrator. The arbitration shall be decided before one arbitrator, who must be a member of the panel of neutrals maintained by Judicial Arbitrations and Mediation Services, Inc. ("JAMS"), or its successor. The arbitration shall be administered by JAMS, or its successor, pursuant to its Comprehensive Arbitration Rules and Procedures. The arbitrator shall be chosen by the parties from the roster of neutrals maintained by JAMS, and in the event the parties are unable to mutually agree to the selection of the arbitrator, then the arbitrator will be selected in accordance with the JAMS Comprehensive Arbitration Rules and Procedures from the JAMS roster of neutrals. In the event that JAMS is not available in the state in which the Dispute arose, the arbitrator shall be selected by the American Arbitration Association from its list of neutrals who are retired judges.

13.07 Additional Rules. In addition to administration of the arbitration under the JAMS Comprehensive Arbitration Rules and Procedures, the arbitrator shall apply the substantive law of the state in which the dispute arose, including laws governing limitations of actions.

13.08 Arbitration Hearing and Award. The arbitrator shall schedule the hearing as soon as reasonably possible and upon conclusion of the hearing shall make a determination in the context of an "Award" specifying the recovery, if any, and reasons for such determination.

13.09 Enforcement of Award. The arbitration Award may be enforced by any Court of competent jurisdiction, and the party seeking enforcement shall be entitled to an award of all costs, fees and expenses, including attorneys' fees, to be paid by the party against whom enforcement is ordered.

13.10 Allocation of Fees and Costs. The arbitrator may, in the Award, allocate all or part of the costs of the arbitration, including the fees of the arbitrator and the reasonable attorneys' fees of the prevailing party.

13.11 Severability. Should any provision of these Dispute Resolution Procedures be held or otherwise determined unlawful, invalid or unenforceable, such defect shall not affect the legality, validity or enforceability of the remaining parts of these Dispute Resolution Procedures, and all such remaining parts hereof shall be valid and enforceable and have full force and effect as if the illegal, invalid or unenforceable part had not been included. It is agreed that any claim that any provision of these Dispute Resolution Procedures is somehow unlawful, invalid, unconscionable, or unenforceable shall be submitted to binding arbitration for resolution, and in any such arbitration proceeding such claim or challenge shall be urged and addressed specifically and separately.

**ARTICLE XIV
SEAL**

The Board of Directors may provide a corporate seal which shall be in the form of a circle and shall have inscribed thereon the name of the corporation and the words "Corporate Seal".

ARTICLE XV WAIVER OF NOTICE

Whenever any notice is required to be given under the provisions of the General Not-For-Profit Corporation Law of Illinois under the provisions of the Articles of Incorporation or the By-Laws of the Association, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.


ARTICLE XVI INDEMNIFICATION

The Association shall provide for indemnification by the Association of any and all of its directors of officers or former directors or officers against expenses actually and necessarily incurred by them in connection with the defense of any action, suit, or proceeding, in which they or any of them are made parties, or a party, by reason of having been directors or officers of the Association, except in relation to matters as to which such director or officer or former director or officer shall be adjudged in such action, suit or proceeding to be liable for gross negligence or misconduct in the performance of duty and to such matters as shall be settled by agreement predicated on the existence of such liability for gross negligence or misconduct.

ARTICLE XVII DISSOLUTION

The Association shall use its funds only to accomplish the objectives and purposes specified in these By-Laws, and no part of said funds shall inure, or be distributed, to the members of the Association. On dissolution of the Association any funds remaining shall be distributed to one or more regularly organized and qualified charitable, educational, scientific, or philanthropic organizations to be selected by the Board of Directors.

Bylaws adopted and approved this 30th day of March, 2007.



Vice President

STATE OF ILLINOIS
MADISON COUNTY
FILED FOR RECORD IN
THE RECORDERS OFFICE

10/29/2004 11:17AM

FORM NEP 102.10 (rev. Dec. 2003)
ARTICLES OF INCORPORATION
General Not For Profit Corporation Act

FILED

OCT 11 2004

JESSE WHITE
SECRETARY OF STATE

DANIEL R. DONOHOO
RECORDER

DOC FEE: \$18.00
PAGES: 2

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
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Submit in duplicate Type or Print clearly in black ink Do not write above this line

18.00 \$ 978

Article 1. The name of the corporation is: National Association of
Bandwidth Users

Article 2: The name and address of the initial registered agent and registered office are:

Registered Agent Timothy Trunnell
First Name Middle Name Last Name
Registered Office 107 Vivian
Number Street (Suite #) (A P.O. Box alone is not acceptable)
Collinsville IL 62234
City ZIP Code County

Article 3: The first Board of Directors shall be 3 in number, their names and addresses
being as follows: (Not less than three)

Directors Names	Street Address	City	State	ZIP Code
-----------------	----------------	------	-------	----------

Martin Yeakum	415 Candelewick Ct.	St. Peters	MO.	63376
Rob Miley	281 McGrath	Florissant	MO.	63031
Tim Trunnell	107 Vivian	Collinsville	IL.	62234

Article 4. The purposes for which the corporation is organized are:

Ref: ENVI Educational

NAC INC

1819 CLARKSON #301

CHESTERFIELD, MO.

63017

(over)

Article 4 (continued)

Is this corporation a Condominium Association as established under the Condominium Property Act?
☐ Yes ☒ No (Check one)

Is this corporation a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954? ☐ Yes ☒ No (Check one)

Is this corporation a Homeowner's Association which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? ☐ Yes ☒ No

Article 5. Other provisions (please use separate page if additional space is needed):

Article 6.

NAMES & ADDRESSES OF INCORPORATORS

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated September 30, 2004
(Month & Day) (Year)

SIGNATURES AND NAMES

1. [Signature]
Signature
Martin Voakum
Name (please print)
2. [Signature]
Signature
Bob Miley
Name (please print)
3. _____
Signature

Name (please print)
4. _____
Signature

Name (please print)
5. _____
Signature

Name (please print)

POST OFFICE ADDRESS

1. 415 Candlenwick Ct.
Street
St. Peters, MO. 63374
City/Town State ZIP
2. 281 McBrath
Street
Florissant, MO. 63031
City/Town State ZIP
3. _____
Street

City/Town State ZIP
4. _____
Street

City/Town State ZIP
5. _____
Street

City/Town State ZIP

(Signatures must be in **BLACK INK** on original document. Carbon copied, photocopied or rubber stamped signatures may only be used on the duplicate copy.)

- If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Please print name and title beneath the officer's signature.
- The registered agent cannot be the corporation itself.
- The registered agent may be an individual, resident in this State, or a domestic or foreign corporation, authorized to act as a registered agent.
- The registered office may be, but need not be, the same as its principal office.
- A corporation which is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

FOR INSERTS - USE WHITE PAPER - SIZE 8 1/2 x 11

END OF DOCUMENT



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

OCTOBER 11, 2004

6380-591-2

NAC INC
1819 CLARKSON #301
CHESTERFIELD, MO 63017

RE NATIONAL ASSOCIATION OF BANDWIDTH

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF INCORPORATION OF THE ABOVE NAMED CORPORATION. THE CORPORATION IS REQUIRED TO FILE AN ANNUAL REPORT EACH YEAR. BLANK FORMS WILL BE MAILED BY THIS OFFICE TO THE REGISTERED AGENT AS SHOWN BY OUR FILES APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH. (ORIGINAL DATE OF INCORPORATION).

THE REQUIRED FEE OF \$50.00 IN THIS CONNECTION HAS BEEN RECEIVED AND PLACED TO YOUR CREDIT.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED. FOR FURTHER INFORMATION CONTACT YOUR RECORDER OF DEEDS.

CERTAIN NOT FOR PROFIT CORPORATIONS ORGANIZED AS A CHARITABLE CORPORATION ARE REQUIRED TO REGISTER WITH THE OFFICE OF THE ATTORNEY GENERAL. UPON RECEIPT OF THE ENCLOSED ARTICLES OF INCORPORATION, YOU MUST CONTACT THE CHARITABLE TRUST DIVISION, OFFICE OF THE ATTORNEY GENERAL, 100 W. RANDOLPH, 3RD FLOOR, CHICAGO, ILLINOIS 60601 TELEPHONE (312) 814-2595.

THE ISSUANCE OF THE ARTICLES OF INCORPORATION DOES NOT ENTITLE THE CORPORATION TO A PROPERTY TAX EXEMPTION. YOU MUST APPLY FOR THAT EXEMPTION THROUGH THE BOARD OF REVIEW IN THE COUNTY WHERE THE REAL ESTATE IS LOCATED.

THE DEPARTMENT OF BUSINESS SERVICES IS NO LONGER ISSUING A CERTIFICATE ATTACHED TO THE ARTICLES OF INCORPORATION AS OF FEBRUARY 15, 2002.

SINCERELY,

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
TELEPHONE (217) 782-6961

STATE OF ILLINOIS
MADISON COUNTY
FILED FOR RECORD IN
THE RECORDERS OFFICE

07/07/2008 03:15PM

FORM NFP 110.30 (rev. Dec. 2003)
ARTICLES OF AMENDMENT
General Not For Profit Corporation ActJesse White, Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1832
www.cyberdriveillinois.com**FILED**

MAY 1 - 2007

DANIEL R. DONOHOO
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18.00 CK# 4724

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

- Corporate Name (See Note 1 on back.): National Association of Bandwidth Users
- Manner of Adoption of Amendment:
The following amendment of Articles of Incorporation was adopted on March 30, 2007 in the manner indicated below (check one only):
Month, Day & Year
 - ☒ By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. (See Note 2 on back.)
 - ☐ By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45. (See Note 3 on back.)
 - ☐ By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation or the bylaws, in accordance with Section 110.20. (See Note 4 on back.)
 - ☐ By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20. (See Note 5 on back.)
- Text of Amendment:
(a.) When an amendment effects a name change, insert the new corporate name below. Use 3(b.) below for all other amendments. *Article 1: The Name of the Corporation is:
American Association of Professional Drivers
New Name

(b.) All amendments other than name change.

If the amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. If there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.

Ret.

NAC

16476 Chesterfield Airport

Chesterfield MO
63017

4. The undersigned Corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

All signatures must be in BLACK INK.

Dated April 2, 07 National Association of Bandwith Users
Month & Day Year Exact Name of Corporation
Rob Miley
Any Authorized Officer's Signature
Rob Miley, Vice President
Name and Title (type or print)

5. If there are no duly authorized officers, the persons designated under Section 101.10(b)(2) must sign below and print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Dated _____
Month & Day Year

Signature

Signature

Signature

Signature

Name and Title (print)

Name and Title (print)

Name and Title (print)

Name and Title (print)

NOTES

1. State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
2. Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15.
3. Director approval may be:
 - a. by vote at a director's meeting (either annual or special), or
 - b. by consent, in writing, without a meeting.
4. All amendments not adopted under Sec. 110.15 require that:
 - a. the board of directors adopt a resolution setting forth the proposed amendment; and
 - b. the members approve the amendment.

Member approval may be:

- a. by vote at a members meeting (either annual or special), or
- b. by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each when class voting applies. (Sec. 110.20)

5. When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)

ARKANSAS
CHECKLIST FOR APPROVAL OF ASSOCIATION

We have received your filing regarding the above named association/discretionary group. To determine if this organization is a qualified group under our statutes, please provide the answers to the following questions:

1. Name and address of the group.
**American Association of Professional Drivers (AAOPD)
555 Republic Drive, Ste 200
Plano, TX 75074**
2. Is this group incorporated? **Yes.** If so, give state of incorporation. **Illinois.**
3. Is there a current office in Arkansas?
The Registered Agent and Registered Office in the State of Arkansas is Corporate Creations Network, Inc., 3208 Asher Avenue, Little Rock, AR 72204. There are currently no other offices in Arkansas.
4. Does the Arkansas part of the organization have any officers, committees, or chapters? If so, give details.
There are no officers, committees or chapters in Arkansas.
5. Are annual dues charged? If so, specify amount.
Yes. The board of directors determines the amount of dues payable by the members. Currently the member pays \$75 for the first year's dues and administrative costs. Subsequent years are \$36 annually.
6. What are the specific activities of the organization?
AAOPD is a membership organization and provides resources, products, services and education for its members on the advantages and availability of suitable, discount medical as well as a number of life style and medically related programs and services. The organization uses its group purchasing power to help reduce costs on routine and periodic expenses for its members.
7. What benefits are provided to the members in addition to insurance? PLEASE ATTACH BROCHURES ON THE BENEFITS.
Benefits are comprised of health and lifestyle benefits that may include one or more of the benefits listed in the Specimen Brochure, which is attached and made a part of this Checklist. Some of these benefits are shopping service, movie tickets, theme parks, flowers, magazines, moving services, financial wellness, debt counseling services, dining discounts, fitness and wellness programs, travel programs, etc.
8. What qualifies an individual for membership?
The Corporation shall have one (1) Class of Members, which shall be individual Professional Drivers who hold a valid commercial driver's

license, if required by applicable law, and individuals in support activities for Professional Drivers. Membership in AAOPD shall be open to any individual consumer who is a United States citizen or has a lawful permanent residence in the United States (“Green Card”), is at least eighteen (18) years of age and has a valid Social Security Number. Members shall further have a shared or common interest in having a need for the education, benefits, products and/or services offered by the Corporation and must subscribe to the purposes, principles and objectives of the Corporation. A spouse and/or dependents of an active member may also be eligible for optional family membership benefits through the active member.

9. How are members recruited? If by mailing list, advise the source of this list.
Membership in AAOPD is marketed directly or through authorized marketing representatives or resellers who represent a wide variety of industries and organizations. If insurance is a component of a membership level, such marketing representatives or resellers will be licensed insurance agents. AAOPD does not use outbound call centers or mailing lists to solicit memberships.
10. Attach a copy of the organization by-laws. **See attached.**
11. Also, enclose a list of dues paying members residing in Arkansas with full addresses. If the organization considers this privileged information, we will treat it as such and once it has served our purpose, it will be destroyed. **N/A**
12. Please attach a copy of the organization’s most recent financial statement. **See attached.**
13. Does the organization receive any compensation of any kind from the insurer issuing contracts to its members? **No.**

Approval of the organization as a qualified group for insurance purposes will be determined upon receipt of your reply.